

# WE'RE SAVING YOUR PLACE AT THE Y: Confidential Application for Financial Assistance

**PLEASE PRINT CLEARLY**

Name of person completing application if different than applicant: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (home): (\_\_\_\_) \_\_\_\_\_

Phone (work): (\_\_\_\_) \_\_\_\_\_

Phone (cell): (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

SS#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Marital Status: \_\_\_\_\_

List all people, including self, living in the household:

Name	Age	Relationship To applicant	Assistance Needed (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL INFORMATION**

Total **annual** household income last year from all sources: \$ \_\_\_\_\_

**MONTHLY INCOME**

Wages, Salaries, Tips: \$ \_\_\_\_\_  
 Unemployment Comp.: \$ \_\_\_\_\_  
 Social Security Comp.: \$ \_\_\_\_\_  
 401K/Retirement: \$ \_\_\_\_\_  
 Child Support: \$ \_\_\_\_\_  
 Food Stamps: \$ \_\_\_\_\_  
 Welfare: \$ \_\_\_\_\_  
 Support from Charities: \$ \_\_\_\_\_  
 State Subsidized Funding: \$ \_\_\_\_\_  
 Alimony: \$ \_\_\_\_\_  
 Other \_\_\_\_\_: \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME \$ \_\_\_\_\_**

**MONTHLY EXPENSES**

Rent/Mortgage: \$ \_\_\_\_\_  
 Utilities: \$ \_\_\_\_\_  
 Food: \$ \_\_\_\_\_  
 Car Insurance: \$ \_\_\_\_\_  
 Other \_\_\_\_\_: \$ \_\_\_\_\_  
 Other \_\_\_\_\_: \$ \_\_\_\_\_  
 Other \_\_\_\_\_: \$ \_\_\_\_\_  
**TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_**

Does any household member receive financial assistance? \_\_\_\_ If yes, from where? \_\_\_\_\_ How much? \$ \_\_\_\_\_

**ABOUT YOUR REQUEST**

Is your request for a program or membership? \_\_\_\_\_ If a program, which one? \_\_\_\_\_

Have you previously applied for financial assistance at this Y? Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

Tell us why you are applying for financial assistance (**This is required information** — attach additional sheet as necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE**

Fees: Program: \$ \_\_\_\_\_ Membership: \$ \_\_\_\_\_ Comments/Restrictions: \_\_\_\_\_  
 Due Monthly: Recipient: \$ \_\_\_\_\_ Scholarship: \$ \_\_\_\_\_  
 Percentage: Recipient: \_\_\_\_\_% Scholarship: \_\_\_\_\_%  
 Reviewed By: \_\_\_\_\_ Approved by CEO: \_\_\_\_\_ Scholarship Received: \_\_\_\_\_

**APPLICATION CHECKLIST**

Completed application and all requested documents (photocopies only) must be enclosed for a financial assistance request to be considered:

- Completed financial assistance application
- Entire copy of most recent Federal Income Tax Form (include copies for all individuals contributing to household income)
- Letter from current employer verifying employment
- Two most recent pay stubs
- Last year's W-2
- Mail to:  
 WESTFIELD AREA Y  
 220 Clark Street  
 Westfield, NJ 07090  
 Attn: Financial Assistance

**PLEASE NOTE**

If financial assistance is awarded, it is usually for a percentage of the total cost of the program and/or membership. You will be responsible for the payment of the remaining portion of the fees. When Y program, membership and/or child care rates change, so may the fees.

I verify that the information on this application is complete and true to the best of my knowledge. I hereby authorize the Westfield Area Y to investigate all aspects of the information contained in this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



The Westfield Area Y is a member agency of the Westfield United Fund and United Way of Greater Union County.

## FREQUENTLY ASKED QUESTIONS

### Who is eligible to receive financial assistance?

Individuals or families who:

- cannot pay program or membership fees and meet specific financial guidelines
- live or work in the Westfield Area Y service area of Cranford, Garwood, Mountainside or Westfield
- have proof of legal residency or U.S. citizenship

### How are financial assistance amounts determined?

The Y has a sliding fee scale based on total household income and number of dependents. Extenuating hardships are also taken into consideration.

### When can I expect to receive financial assistance?

The process may take 2-4 weeks after we have received your completed application and the required documents. Please note that financial assistance is not official until you have received written notification from the Y, and must be approved prior to enrolling in child care and camp programs.

### How long will my financial assistance continue?

The need for financial assistance will be reassessed periodically and at least annually for memberships and programs. Assistance for child care applies only to the current school year. Repeat applications may result in a smaller amount of financial assistance offered.

### What are my responsibilities as a recipient?

You are required to make payments according to your payment schedule. Please notify the Y immediately if you no longer need our support or are unable to use the services we provide as there are others in the community in need and our funds are limited.



### How is the financial assistance program funded?

The Y raises money through the ongoing work of volunteers and staff and thanks to the generosity of individuals, foundations, service clubs and corporations through the annual Strong Kids Campaign. Additionally, contributions from Westfield United Fund and the Westfield Area Y Endowment Fund help subsidize child care, youth, teen and senior programs.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ALWAYS HERE FOR OUR COMMUNITY

### Financial Assistance Application



### WESTFIELD AREA Y

Serving Westfield, Cranford, Garwood and Mountainside since 1923.



Dear Friend,

At the Westfield Area Y, you can improve your health, enrich your family's life, and feel more connected to the community.

Each year, hundreds of volunteers raise funds for our financial assistance program. This program ensures that no one is denied a chance to participate at the Y because of their inability to pay.

Our goal is to help as many people in need as possible. As such, each request for financial assistance is evaluated individually, and financial assistance cannot be provided for extended periods of time. If you are in need of assistance for long-term services, I encourage you to contact the Department of Social Services.

All applications are kept confidential. We will contact you within 2-4 weeks of receiving your completed application and support materials to discuss your request.

Everyone is welcome at the Y. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,

*Mark E. Elsasser*

Mark E. Elsasser  
Chief Executive Officer



With a  
commitment to  
nurturing the  
potential of  
kids, promoting  
healthy living  
and fostering a  
sense of social  
responsibility, the Westfield



Area Y ensures that  
every individual  
has access to  
the essentials  
needed to  
learn, grow  
and thrive.



### OUR MISSION

The Westfield Area Y is a nonprofit human service organization dedicated to developing the full potential of every individual and family in the communities it serves through programs that build healthy spirit, body, and mind for all.