



GIRLS ON THE RUN, FAIRFIELD COUNTY FINANCIAL ASSISTANCE POLICY

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

*The forms you are filling out are reviewed by Diana Riolo, Financial Assistance Administrator of the New Canaan YMCA. Girls on the Run, Fairfield County is an affiliate of the New Canaan YMCA

*Girls on the Run and the New Canaan YMCA strive to serve everyone in our community, regardless of individual economic circumstances.

How To Apply:

1. Complete the Girls on the Run "Membership Financial Assistance Application."
2. **Copies** of the following income verification for *all* working adults in the household must be attached to the application:
 - your most recent federal income tax return filed (complete copy of IRS Form 1040)
 - your W-2 and/or 1099 forms
 - three of the most recent pay stubs from *all* employers

NOTE: THE APPLICATION WILL NOT BE REVIEWED UNLESS ALL SECTIONS ARE COMPLETE AND THE NOTED INCOME VERIFICATION IS SUBMITTED.

3. Submit the application and income verification to:

Diana Riolo, Financial Assistance Administrator
By mail: New Canaan YMCA, 564 South Avenue, New Canaan, CT 06840
By email: driolo@newcanaanymca.org
By fax: (203) 972-7738

4. Upon receipt, you will be contacted within ten working days to discuss the application. If necessary, additional income verification may be requested.

Today's Date: _____

**GIRLS ON THE RUN, FAIRFIELD COUNTY
NEW CANAAN YMCA
MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: Home () _____ **Work:** () _____

Cell: () _____ **Email:** _____

NUMBER OF PERSONS IN HOUSEHOLD: **ADULTS** _____ **CHILDREN** _____

DEPENDENT CHILDREN/ADULTS:

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

ARE YOU CURRENTLY EMPLOYED? _____ **HOW LONG?** _____

COMPANY NAME: _____

SUPERVISOR'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: () _____

OCCUPATION: _____

(IF MORE THAN ONE EMPLOYER, PLEASE LIST ADDITIONAL EMPLOYERS ON BACK SIDE OF APPLICATION.)

IS YOUR SPOUSE/PARTNER CURRENTLY EMPLOYED? _____ **HOW LONG?** _____

COMPANY NAME: _____

SUPERVISOR'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: () _____

OCCUPATION: _____

ANNUAL HOUSEHOLD INCOME: _____ *

***TOTAL FAMILY INCOME MUST BE VERIFIED ANNUALLY.**

A COMPLETE COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN, W-2 AND/OR 1099 DOCUMENTS AND THREE OF THE MOST RECENT PAY STUBS FOR ALL WORKING ADULTS IN THE HOUSEHOLD MUST BE INCLUDED WITH THIS APPLICATION.

MONTHLY INCOME FROM ALL ADULTS IN HOUSEHOLD

	<u>ADULT/PARENT 1</u>	<u>ADULT/PARENT 2</u>
GROSS EARNINGS:		
SALARY/WAGES	_____	_____
COMMISSIONS/TIPS/CASH	_____	_____
UNEMPLOYMENT	_____	_____
SOCIAL SECURITY	_____	_____
DISABILITY	_____	_____
PENSION/TRUST	_____	_____

IS A BONUS EXPECTED THIS YEAR? _____ **IF SO, APPROXIMATE AMOUNT?** _____

ALIMONY: _____

PUBLIC ASSISTANCE:		
SUPPLEMENTAL SECURITY INCOME (SSI)	_____	_____
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)	_____	_____
FOOD STAMPS	_____	_____
HOUSING	_____	_____
UTILITIES	_____	_____
OTHER	_____	_____

OTHER INCOME:		
RENTAL PROPERTY	_____	_____
INVESTMENTS	_____	_____
OTHER	_____	_____

WITH WHOM IS/ARE THE CHILD/REN LIVING (CIRCLE ONE): BOTH PARENTS MOTHER FATHER GUARDIAN

ARE YOU CURRENTLY RECEIVING CHILD SUPPORT? _____ **IF YES, MONTHLY AMOUNT?** _____

IF NO, SUPPORTING DOCUMENTATION MUST ACCOMPANY APPLICATION. IF NO DOCUMENTATION AVAILABLE, NON-CUSTODIAL'S INCOME VERIFICATION MUST ALSO BE SUBMITTED WITH APPLICATION.

ARE ANY OF YOUR LIVING EXPENSES (HOME, RENT, CARS, ETC.) PAID OR SHARED BY ANOTHER SUCH AS A RELATIVE, FRIEND, PARTNER, ROOMMATE, EMPLOYER, BUSINESS OR OTHER? PLEASE LIST. _____

ASSETS

	<u>ADULT/PARENT 1</u>	<u>ADULT/PARENT 2</u>
CASH ON HAND	_____	_____
CASH IN CHECKING	_____	_____
CASH IN BANK OR CREDIT UNION SAVINGS ACCOUNT	_____	_____
MONEY MARKET ACCOUNTS	_____	_____
CURRENT VALUE OF 401(K) PLAN OR SIMILAR RETIREMENT ACCOUNT	_____	_____
INDIVIDUAL RETIREMENT ACCOUNT (IRS, ROTH IRA)	_____	_____

REAL ESTATE:

1) ADDRESS: _____ CITY: _____
ESTIMATED VALUE: \$ _____ EQUITY: \$ _____
MORTGAGE: \$ _____ YEAR OF PURCHASE: _____

2) ADDRESS: _____ CITY: _____
ESTIMATED VALUE: \$ _____ EQUITY: \$ _____
MORTGAGE: \$ _____ YEAR OF PURCHASE: _____

MOTOR VEHICLES:

1) YEAR: _____ MAKE/MODEL: _____
MONTHLY PAYMENT AMOUNT: \$ _____ OWN OR LEASE: _____

2) YEAR: _____ MAKE/MODEL: _____
MONTHLY PAYMENT AMOUNT: \$ _____ OWN OR LEASE: _____

ARE YOU OR YOUR SPOUSE/PARTNER CURRENTLY ENROLLED IN SCHOOL? _____
FULL TIME? _____ PART TIME? _____ ARE YOU RECEIVING FINANCIAL ASSISTANCE? _____

IF YOU WISH, PLEASE COMMENT BELOW ON EXTENUATING CIRCUMSTANCES WHICH CONTRIBUTE TO YOUR NEED FOR ASSISTANCE SUCH AS MAJOR MEDICAL EXPENSES, LOSS OF JOB, DISABILITY, ETC. (SUPPORTING DOCUMENTATION MAY BE REQUESTED):

Please use additional paper if more space is needed.

PLEASE LIST BELOW THE NAME OF AN UNRELATED PERSON, SUCH AS A TEACHER, PASTOR, SOCIAL WORKER, ETC., WHO IS KNOWLEDGEABLE OF YOUR FINANCIAL SITUATION. THE YMCA WILL CONTACT THIS PERSON AS A REFERENCE IN REGARD TO THIS APPLICATION.

NAME: _____ POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____

HOW WILL PARTICIPATION IN GIRLS ON THE RUN BENEFIT YOU OR YOUR FAMILY?

BY COMPLETING THIS APPLICATION AND SIGNING IT, I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN AND THE SUPPORTING DOCUMENTS SUBMITTED ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE NEW CANAAN YMCA IMMEDIATELY OF ANY CHANGE IN MY HOUSEHOLD INCOME. I UNDERSTAND THAT I MAY LOSE ALL Girls on The Run PRIVILEGES FOR FALSE OR INCOMPLETE INFORMATION. I UNDERSTAND THAT THIS APPLICATION EXPIRES ANNUALLY AND I MUST REAPPLY TO CONTINUE RECEIVING ASSISTANCE.

SIGNATURE: _____ DATE: _____

Required Documentation (to be kept on file; therefore, please submit copies. Copies are not made at the New Canaan YMCA.):

- Completed all sections of this application
- Federal Income Tax Return (Form 1040)
- W-2s and/or 1099s
- Last Three Pay Stubs