



## FINANCIAL ASSISTANCE POLICIES

The Norwalk Y's mission is to remain affordable for the average person and accessible to everyone so that all families in our community have an equal opportunity to participate in Y membership and programs. Each year, fundraising events led by Y volunteers and staff generate almost \$200,000 in charitable donations which is used to provide financial assistance and outreach services to those with demonstrable need.

Requests for financial assistance are reviewed by the Y's Financial Assistance Committee using standards developed by CT State, Norwalk Social Services and YMCA guidelines. These take into account income levels, disabilities or handicaps, changes in family situations, medical issues, or other extenuating circumstances.

### To apply for Financial Assistance, please follow the steps below:

1. Complete the attached Financial Assistance Application in its entirety.
2. Attach a copy of your most recent pay stub and federal income tax return. Otherwise, another type of income documentation must be provided.
3. Provide specific information on the Enrollment Form page as to what type of membership, day/time of class or program you are requesting, and the regular cost listed in the index section of the Y website.
4. Submit completed application to Director Desiree Corella at the Y at least 3 weeks prior to the start of the desired class/camp session. Membership assistance requests may be submitted at any time.
5. You will be notified within 10 days via email as to the amount of the award and what your share of the fee is, and you must then contact Desiree Corella within 7 days to:
  - a. Confirm that you accept the award and activate the membership and/or class registration by completing the Agreement Form provided, OR advise us that you do not intend to enroll.

*Financial Assistance awards are usually made for membership and programs covering a time period of up to 12 months, depending on the circumstances.* When a program session concludes and financial assistance continues to be needed for classes, you must:

- a) Submit a new Enrollment Form for the next session, listing the class information required
- b) Advise the Y if any changes have occurred in your financial situation
- c) Provide most recent Federal Income Tax Return each year as soon after April 15 as available

Awards are given for the full length of annual programs such as nursery school, afterschool child care, and program fees for gymnastics/swim teams. However, updates must be provided during the year if requested.

The Y Business Office will notify you 30 days prior to the expiration of your Annual Membership, and you have 30 days to re-apply for Financial Assistance, after which your membership will be terminated.

**QUESTIONS:** Contact Desiree Corella at [dcorella@norwalkymca.org](mailto:dcorella@norwalkymca.org), 203-866-4425 Ext. 308

**NORWALK Y**  
**FINANCIAL ASSISTANCE APPLICATION**

**Note: Financial assistance cannot be awarded if form is incomplete and copies of the most recent IRS tax return/current pay stubs/unemployment statement are not included.**

Name of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

(PLEASE PRINT CLEARLY – email is our primary means of contacting you)

# of people in family \_\_\_\_\_ # of adults \_\_\_\_\_ # of children & ages \_\_\_\_\_

Assistance is requested for:

     **Camp**

How many weeks? \_\_\_\_\_

Full Day/Half Day \_\_\_\_\_

     **Before/After school Program**

How many days? \_\_\_\_\_

AM/PM? \_\_\_\_\_

A completed Enrollment Form (attached) **MUST** accompany this Application.

Does Program Participant have a disability or special challenge? \_\_\_\_\_ Is an aide required? \_\_\_\_\_

If assistance is awarded, are you willing to volunteer at the Y and/or provide an anonymous testimonial for the Y to use in printed materials?

Would a payment plan allow you to pay for your programs? \_\_\_\_\_

How much are you able to contribute to the cost of programs? \_\_\_\_\_

## INCOME INFORMATION

### EMPLOYMENT

Are you currently employed? \_\_\_\_\_ Is your spouse currently employed? \_\_\_\_\_

Total annual family/household income: \$ \_\_\_\_\_ (Attach most recent IRS tax return and other income documentation for all wage earners in the household)

If no, are you or your spouse receiving unemployment? \_\_\_\_\_ Amount per month: \$ \_\_\_\_\_

Your employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer Phone No. \_\_\_\_\_  
Annual Salary \_\_\_\_\_ Monthly Net \_\_\_\_\_

Spouse's Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer Phone No. \_\_\_\_\_  
Annual Salary \_\_\_\_\_ Monthly Net \_\_\_\_\_

### OTHER

Are you currently receiving child support? \_\_\_\_\_ If so, how much monthly? \_\_\_\_\_

Are there any other household members (i.e. grandparents, older siblings) that contribute to your monthly living expenses? \_\_\_\_\_ If so, how much monthly? \_\_\_\_\_

### Other Monthly Income:

Pension	Yes	No	\$ _____
State or Federal Aid	Yes	No	\$ _____
Food Stamps	Yes	No	\$ _____
Social Security Benefits	Yes	No	\$ _____
Veteran's Benefits	Yes	No	\$ _____
Spousal Support	Yes	No	\$ _____
Children's employment	Yes	No	\$ _____
Unemployment Benefits	Yes	No	\$ _____
Rental Income	Yes	No	\$ _____
Dividend Income	Yes	No	\$ _____
Subsidized Housing	Yes	No	\$ _____

Please note any other source of income: \_\_\_\_\_

### Liquid Assets (other than retirement assets)

Include all family members

Checking/Savings Accounts \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Investments (Stocks/Bonds) \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Property (other than Primary residence) \_\_\_\_\_

Please list the name of an unrelated person (such as a teacher, pastor, social worker) who has knowledge of you/your family's financial situation. The YMCA may contact this person as a reference in regard to this application.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*I hereby attest that the information provided above is accurate and truthful to the best of my knowledge. Applicants must keep the terms of their financial assistance confidential. I have included a copy of my most recent IRS Tax Return and pay stubs and/or other income statements.*

Applicant's Signature: \_\_\_\_\_ Spouse's Signature: \_\_\_\_\_

**If there is other information you would like to provide so that the Y's Financial Assistance Review Committee can better understand your situation, please be sure to include a supplementary note explaining the details and it will be considered as part of your application.**