



Dear Applicant,

Thank you for your interest in becoming a member or program participant at the Hampshire Regional YMCA through our Financial Assistance program. Everyone is welcome at the YMCA and given the opportunity to learn, grow and thrive regardless of their income level. Our Financial Assistance program is made possible through generous donations to our YMCA from area businesses and community advocates.

The enclosed application **must be completed annually to maintain assistance. If adult members are added to the membership unit during the award year, financial assistance must be reevaluated.** Financial Assistance reduces membership and program fees by a determined percentage based on income eligibility. The Hampshire Regional YMCA utilizes HHS Poverty Guidelines to determine award amounts. The YMCA maintains confidentiality of all financial information received in the application process.

**In addition to the enclosed application; all applicants must provide the following documentation:**

- 1040 Federal Tax Return or Non-Filing Form (For information or to request a form visit [www.irs.gov](http://www.irs.gov))
- Four weeks of consecutive pay stubs (bi weekly pay = 2 pay stubs) for each wage earner (must show gross income) or a letter of employment specifying gross salary, signed and dated by employer on company letterhead

**If any of the below are received, please provide documentation :**

- |  |  |
|--|--|
| <input type="checkbox"/> Social Security Administration Letter | <input type="checkbox"/> Foster Care Subsidiary Letter |
| <input type="checkbox"/> Unemployment Statement                | <input type="checkbox"/> Child Support                 |
| <input type="checkbox"/> Retirement/Pension Statement          | <input type="checkbox"/> Alimony                       |
| <input type="checkbox"/> SNAP Benefit Statement                | <input type="checkbox"/> Any other income              |
| <input type="checkbox"/> TANF (TAFDC)                          |  |

Please use this letter as a checklist to ensure your application is complete. **Incomplete applications will not be processed.**

#### **Financial Assistance for Programs**

In addition to membership, Financial Assistance is made available for paid programs at the Hampshire Regional YMCA. To allow for processing, please submit a complete application at least 2 weeks prior to program registration. Household YMCA members can receive up to 40% assistance on member fees for programs and non-members can receive up to 50% assistance on non-member fees\*.

**The programs listed below either have a different percentage scale for assistance or have maximum award limits.**

**Summer Camp-** Assistance is available for a maximum of four (4) weeks per child and does not apply to the bus fee for Camp Norwich. In order to allow time for approval, applications should be received as soon as possible in the camp year. **All camp financial assistance applications must be activated within 30 days of deposit payment or being placed on the wait list.** New financial assistance requests will not be taken after camp balances are due. Assistance cannot be combined with a sibling discount and applications do not guarantee a spot in a specific camp or session. For more information regarding application deadlines please visit the Summer Camp page on the YMCA website [www.hrymca.org](http://www.hrymca.org).

**School Age Child Care (After School Child Care)** - For additional information on financial assistance for these programs please review the school age child care information. This is available at the YMCA Welcome Center.

**\*Financial assistance is based on availability of funds and may not apply to every program offered.**

Thank you for taking the time to apply for YMCA Financial Assistance. If you have any questions please contact us \* at 413-584-7086.



# Hampshire Regional YMCA Financial Assistance Application

**OFFICE USE ONLY**

Date Processed: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

New Application       Renewal **I am requesting financial assistance for:** Membership (includes Programs) 

Membership Type \_\_\_\_\_

Program Only (Non-Member) 

\*Program includes paid programming, camp, child care – see details on information letter

**Applicant Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please List All Persons Living in Household** Total Number of People In Household \_\_\_\_\_

Name	School/Employer	Date of Birth	Gender	Ethnic Origin*

\*Ethnic origin information is confidential and optional, and has no impact on the Financial Assistance application process. It is used for statistical data only.

**Income Documentation:** To complete your application you must attach a copy of the applicable information listed below for all adults in the household.**Required**1040 Federal Tax Return **or** Non-Filing Form**Office Use Only**Two consecutive pay stubs for each wage earner (must show gross income) **or**

A Letter of employment specifying gross salary, signed and dated by employer on company letterhead

If any of the below are received, please provide:

**Office Use Only**Social Security Administration LetterUnemployment StatementRetirement/Pension StatementSNAP Benefit StatementTANF (TAFDC)Foster Care Subsidiary LetterChild SupportAlimonyAny other income

Print Name of Applicant (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_