

NORTHWESTERN CT YMCA
FINANCIAL ASSISTANCE APPLICATION

Note: All information of personal nature will be held in confidence

I. APPLICANT:

Last Name	First Name	MI		
			Check which applies:	
Street Address	Apt #		Own	Rent
City	State	Zip Code	Telephone #	

II. LIST ALL MEMBERS OF THE HOUSEHOLD:

Full Name (INCLUDE YOURSELF)	Relationship	Age	Employer	Weekly Wage
	Self			

III. SERVICES BEING REQUESTED:

List who in your household will be using the following services for which you are seeking financial assistance.

Facility Membership _____

Programs* _____

Camp _____

Child Care _____

* Program financial assistance is limited. It is NOT available for private swim lessons, personal training, & other programs the Y deems so.

IV. FINANCIAL INFORMATION:

1- Does anyone in your household currently receive financial assistance? Yes _____ No _____

If yes, please identify which of the following:

	Monthly \$
State Assistance	_____
Federal Assistance	_____
Unemployment	_____
Social Security	_____
Child Support	_____
Other	_____

2- Have you sought financial assistance from and of the below agencies?

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"> </td><td>Dept of Social Services</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td>United Way</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td>CL&P</td></tr> </table>		Dept of Social Services		United Way		CL&P	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"> </td><td>Grandparents Grant</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td>Care 4 Kids</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td>Other: _____</td></tr> </table>		Grandparents Grant		Care 4 Kids		Other: _____
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Case # _____ Case Worker _____ Telephone _____

*By listing your case worker's contact information you are granting the Northwestern CT YMCA permission to contact them.

