

2022-2023

SCHOOL AGE CHILD CARE

FINANCIAL ASSISTANCE

APPLICATION

Please make sure you have the following:

One per family:

- Financial Assistance Application
- 2021 Tax Return (Must submit 1040 – we will not accept W2 forms)
 - IF YOU DO NOT HAVE A TAX RETURN – we will need a verification letter from the IRS showing you did not submit a tax return.
 - Call 1-800-TAX-FORM (1-800-829-3676) for a verification letter.
- A month's worth of paycheck stubs or letter from your employer with your salary.

One per child:

- 2022-23 Registration Packet

IF ANY INFORMATION IS MISSING IT WILL
DELAY THE REVIEW OF YOUR REQUEST.

***** Deadline for financial aid applications for the first day of school is August 12th, 2022*****

PRINCETON YMCA

BEFORE/AFTER SCHOOL FINANCIAL ASSISTANCE

CONFIDENTIAL APPLICATION



It is the policy of the Princeton YMCA to provide services for any person who desires to participate and understands the benefits of the YMCA, regardless of their ability to pay the standard membership or program fees. Those not able to pay the full fee may be awarded partial assistance based on their demonstrated need.

ELIGIBILITY

Assistance will be granted on the basis of financial need, when funds are available. The household income guidelines used by the Princeton YMCA will be used as initial eligibility criteria.

The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient contributes to the cost of their YMCA involvement; therefore, applicants may be asked to pay a portion of the membership or program fees.

Written notification will be given once a decision is made. The financial aid process takes two to four weeks – please be sure to submit your request in a timely manner.

HOW TO APPLY

Applicants must complete all standard Princeton YMCA membership or program forms along with the application.

All application records will be kept confidential.

Proof of income must be submitted including current year 1040 Federal Income Tax form, recent payroll stubs, and all sources of household income (i.e., social security, disability, local/state/federal assistance, grants from other entities, child support, alimony, etc.).

Failure to have all requested information may result in delaying the process.

SELECTION PROCESS

A confidential review of the application and possible personal interview with the applicant will determine financial assistance eligibility. The Princeton YMCA reserves the right to refuse assistance to any applicant.

Once Financial Assistance is established, the Princeton YMCA reserves the right to retain any payments the applicant has made to date (i.e., deposits, payments, etc.). The Princeton Family YMCA has the right to review the applicant's eligibility at any time.

If found that false information was presented, the Princeton YMCA has the right to terminate the assistance immediately.

PRINCETON YMCA
SCHOOL AGE CHILD CARE
FINANCIAL ASSISTANCE CONFIDENTIAL APPLICATION



Please indicate Financial Assistance request:

Child's Name _____ days/program requested _____

Child's Name _____ days/program requested _____

Child's Name _____ days/program requested _____

Please remember to complete Program Registration for EACH child listed above

INFORMATION OF ADULT COMPLETING APPLICATION

(please print clearly)

Name _____ Male ___ Female ___ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____

SPOUSE OR DOMESTIC PARTNER INFORMATION

Name _____ Male ___ Female ___ Date of Birth _____

Phone _____ E-mail _____

EMPLOYMENT INFORMATION

Applicant's Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Employment Status: Full Time Part Time Self-Employed Unemployed Disabled Retired

Is your Payroll: Weekly Biweekly Semimonthly Monthly

Spouse/Domestic Partner's Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Employment Status: Full Time Part Time Self-Employed Unemployed Disabled Retired

Is your Payroll: Weekly Biweekly Semimonthly Monthly

FAMILY/HOUSEHOLD INFORMATION

Number of Adults _____ Number of Children _____ Total Family Size _____

Name _____ D.O.B. _____ Relation _____

Name _____ D.O.B. _____ Relation _____

Name _____ D.O.B. _____ Relation _____

Name _____ D.O.B. _____ Relation _____

GROSS TOTAL MONTHLY INCOME

(Before taxes)

Your Gross Monthly Income \$ _____

Spouse/Partner Gross Monthly Income \$ _____

Business Income \$ _____

State-Fed Aid/TANF/SSI/DDD \$ _____

Unemployment \$ _____

Child Support \$ _____

Other Income \$ _____

TOTAL MONTHLY GROSS INCOME \$ _____

Total household income must be provided. PROOF OF ALL INCOME MUST BE PRESENTED. FAILURE TO DO SO WILL DELAY THE PROCESS. Include payroll stubs or employer letter verifying one month's salary and Federal 1040 tax return. W-2 is not acceptable.

The information listed on this form is correct and true. I understand the Princeton Family YMCA will verify income and other personal information as reported on the attached documents. Any deliberate misrepresentation will result in disqualification for assistance. Additionally, I understand that the Princeton Family YMCA may ask for further verification of personal and financial information based upon available public information (for example, social media accounts and internet searches). In signing below, I attest that the information is accurate to the best of my knowledge.

Printed Name _____

Applicant's Signature _____

Date _____

FOR YMCA STAFF USE ONLY

Total Membership Assistance Awarded % _____ \$ _____

Total Program Assistance Awarded % _____ \$ _____

Notification Letter mailed _____ If assistance declined/waived, date _____ Director _____

Revised May 2022