DARIEN YMCA
FINANCIAL ASSISTANCE APPLICATION
(Updated 7/12/2023)

The Darien YMCA strives to serve everyone in the community, regardless of individual economic circumstances. Financial assistance is made possible through the generous contributions of individual donors, foundations, and corporate sponsors.

Eligibility: Financial assistance is based on family income, number of household members and the availability of YMCA funds. Adults applying for financial assistance for an adult membership at the Darien YMCA, who live in another YMCA service area, are expected to apply to their YMCA first. If an applicant can demonstrate that his or her application for financial assistance has been denied by another YMCA, the Darien YMCA will consider each out-of-town adult application on an as needed basis.

The Darien Y reserves the right to request proof of residence for applicants and family members.

How to Apply: A Financial Assistance application may be obtained on our website or at the front desk and when completed it can be emailed to Vanessa Ortega at vortega@darien-ymca.org or dropped at the front desk. The application process is confidential and requires proof of financial need.

The form must be completed in full and accompanied by the required documentation. This includes a copy of your most recent Federal Income Tax Return, W-2(s) and/or 1099(s), last three pay stubs and last two bank statements. If you did not file a tax return, please indicate, and explain.

Please explain extenuating circumstances and, if applicable, include any social security or disability statements, child support/alimony payments.

Incomplete applications will not be processed.

A completed application may take up to 20 business days to process.

Financial assistance for youth will be limited to one program per family member per session, with the exception of Kids Club, Holly Pond School and Camp.

Membership is a requirement for Kids Club, Holly Pond School, Gymnastics and Piranha swim teams but not for most other programs. If you request and are approved for membership assistance, please ensure that you fully understand our membership terms and agreements.

Financial Assistance will expire after 12 months, you must re-apply on a yearly basis.

Application Process
Applications and income verification should be submitted to:

Vanessa Ortega, Accounting and Payroll Specialist
Darien YMCA
2420 Post Road
Darien, CT 06820
vortega@darien-ymca.org | 203-655-8228 x1310

You will be notified when your application has been processed. If approved, you will be sent an approval letter with further instructions. Please do not register for your desired program/s before receiving this approval letter. Assistance discounts are not applied to existing registrations.

Note that your financial assistance award and/or membership status do not guarantee you a spot in any program. Registration availability is based on the Darien YMCA program/camp and school registration calendars available online. Please submit your assistance application prior to the start of the registration period for your desired program.

To register for additional classes or programs within the approved year, please complete the "Request for Additional Programs" form. You may pick up the form at the Front Desk. Complete in full and return to the Front Desk, Attention: Vanessa Ortega.

Received on: _____ Staff **Initials**: _____

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REQUESTING ASSISTANCE FOR:

☐ Holly Pond School/Holly Care ☐ Gymnastics Team ☐ Camp ☐ Program
☐ Kids Club ☐ Piranhas Team ☐ Membership

Program Name: _____ or Membership Type: _____

Name: _____Date of Birth:_____

Spouse/Partner Name: _____Date of Birth:_____

Address:_____

City:_____State:_____Zip:_____

Phone Home: _____ Work: _____

Cell: _____Email:_____

Number of persons in household: Adults: _____ Children: _____

Dependent Children/Adults:

Name: _____ Date of Birth: _____ Grade:_____

Name: _____ Date of Birth: _____ Grade:_____

Name: _____ Date of Birth: _____ Grade:_____

Name: _____ Date of Birth: _____ Grade:_____

Name: _____ Date of Birth: _____ Grade:_____

For Office Use Only:

Percentage Granted: _____

CEO Approval: _____ Date: _____

REQUIRED: Please explain your reason for applying and any extenuating circumstances that apply to your family. *This section will help those reviewing your application greatly. Please be sure to completely explain any circumstance in your household that warrant financial assistance.*

How will participation at the Darien YMCA benefit you or your family?

Are you currently employed? Yes ☐ No ☐ How Long? _____

Company Name:_____

Supervisor's Name:_____

Address:_____

City:_____State:_____Zip:_____

Business Phone: _____

Occupation:_____

Monthly Income: $_____Annual Income: $_____

(If more than one employer, please list additional employers and income on back side of application)

Is your spouse/partner currently employed? Yes ☐ No ☐ How Long? _____

Company Name:_____

Supervisor's Name:_____

Address:_____

City:_____State:_____Zip:_____

Business Phone: _____

Occupation:_____

Monthly Income: $_____Annual Income: $_____

(If more than one employer, please list additional employers and income on the back side of application.)

What is the maximum you can reasonably pay towards the total fees?

Monthly $_____ Yearly $_____

Monthly Income/Expense Worksheet: Applications will be processed only after all information is submitted and the application is filled out completely. Please indicate the income and expenses for the household.

INCOME: Monthly amounts only	**EXPENSES: Monthly amounts only**
$_____Gross Monthly Income	$_____Rent/Mortgage (circle one)
$_____Other Adult's Gross Monthly Income	$_____Auto Payments
$_____Child Support	$_____Utilities / Phone
$_____Alimony	$_____Groceries / Food
$_____Welfare (submit copy of card)	$_____Child Support
$_____Food stamps	$_____Medical
$_____Unemployment	$_____Child Care
$_____Social Security/Disability	$_____Alimony
$_____Other (please explain)	$_____Other (please explain)
$_____Total Monthly Income	**$_____Total Monthly Expenses**

Would you be willing to provide an anonymous testimonial for the Y to use in printed materials or make available to donors? ☐ **Yes** ☐ **No**

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 Darien YMCA immediately of any change in my household income. I understand that I may lose all Darien YMCA 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: (**Do not submit original documents**, **please make copies** as they will be kept on file. Copies are not made at the Darien YMCA.

- ☐ Completed all sections of this application
- ☐ **Copy** of federal income tax return (form 1040)
- ☐ **Copy** of w-2(s) and/or 1099(s)
- ☐ **Copies** of last three (3) pay stubs
- ☐ **Copies** of last two (2) bank statements

INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED