

NEW BRITAIN-BERLIN YMCA  
FINANCIAL ASSISTANCE MINI-APPLICATION

**A. HOUSEHOLD INFORMATION (Please list all people residing in the household)**

First Name	Last Name	Age	Employer/School	Day time phone
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Parent 1 \_\_\_\_\_

Parent 2 \_\_\_\_\_

**Dependent Children**

First Name	Last Name	Age/DOB	School/Grade
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1. Child \_\_\_\_\_ N/A

2. Child \_\_\_\_\_ N/A

3. Child \_\_\_\_\_ N/A

4. Child \_\_\_\_\_ N/A

Total number of people in the household: \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**B. FINANCIAL ASSISTANCE INFORMATION**

Have you received Financial Assistance from the New Britain-Berlin YMCA before: Y N When? \_\_\_\_\_

Financial Aid requested is being requested for: Membership \_\_\_\_\_ Type \_\_\_\_\_

Program \_\_\_\_\_ Which one \_\_\_\_\_

Were you referred by someone: \_\_\_\_\_ Who? \_\_\_\_\_ Relationship \_\_\_\_\_

Please write a brief summary indicating your reason for need of financial assistance:

What do you honestly feel you could afford to pay towards the program or membership for which you are applying?

**C. INCOME INFORMATION** Please list all sources of income and provide approved documentation.

Source	Monthly Amount	Annual Amount
Employment- Job 1	_____	_____
Job 2	_____	_____
State Assistance	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Social Security Income	_____	_____
Disability Income	_____	_____
Workers Compensation	_____	_____
Unemployment	_____	_____
Other	_____	_____

**TOTAL** \_\_\_\_\_

\*Documentation must verify information listed above.

The information I have provided on this application is true. I understand that if I do not make all the required payments, I will no longer qualify for financial assistance.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_