

# Y-Assist Application Application Requirements

## Paperwork Checklist

- 1 Months' worth of paystubs  
\*(from the last 6 weeks)\*

**--OR--**

2 of the following documents

- Most Recent 1040 Tax Form
- Copies of Government Subsidies (TAMF/TAFDC, SSI, etc.)
- If paystubs aren't available, bank statements and letter from employer
- Proof of all other income (child support, scholarships, etc.)

## Send completed application to

**Education:** Director of Family Service  
Kathleen Glennon

280 Old Conn. Path Framingham, MA 01701  
Phone 508.879.4420 Fax 508.620.3860

**Hopkinton:** Business Manager

Matthew Donato  
45 East Street Hopkinton, MA 01748  
Phone 508.435.9345 Fax 508.435.9201

**Framingham:** Member Experience Director

Ashley Short  
280 Old Conn. Path Framingham, MA 01701  
Phone 508.879.4420 Fax 508.620.1610

## Additional Important Information:

- Funds used to support our Y-Assist program are raised through our Annual Campaign. The amount of assistance offered will not exceed the resources of the MetroWest YMCA.
- Programs fees are due before service is provided
- It may take up to 30 days to process your financial aid request. Please be aware of registration dates.

**I certify that the information on this form is accurate and true. I agree to pay the amount determined by the YMCA on a timely basis and realize that failure to do so may result in the loss of services. I understand that by applying for MetroWest YMCA Y-Assist for camp and education programs, my information will be added to the Massachusetts Department of Early Education and Care Waitlist for child care subsidies. If I am given the opportunity to receive child care tuition assistance from another source I will use that alternative funding source instead of the MetroWest YMCA Y-Assist. I understand that I will need to reapply for YMCA Y-Assist based on the expiration date stated on my approval letter.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

Application Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Are all required documents attached to this application? \_\_\_\_\_

## Y-Assist Application

**Primary Applicant Name:** \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_ Avg. hours/week: \_\_\_\_\_

**Secondary Applicant Name:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_ Avg. hours/week: \_\_\_\_\_

### Household and Dependent Information

Number of additional family members in household: \_\_\_\_\_ (Proof of family size may be required)

Please place a check mark next to all family members requiring financial assistance:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Income Verification is required on all adults.

*Please include child support and any other income including TANF/TAFDC, SSI and Child Support.*

**Total Household Yearly Gross Income: \$ \_\_\_\_\_**

### Programs and Membership (Choose from the following, circle selection)

**Membership:** Youth Teen Young Adult (18-25yrs) Adult Senior Family Senior Family

**Education – Early Learning Center:** Framingham Branch

**School's Out Site:** Barbieri Hemenway McCarthy Potter Rd. Ashland Hopkinton Natick

**YMCA Programs/Classes (Specify)**  
\_\_\_\_\_

**Camps:** Summer Day Camps **Other (Specify):** \_\_\_\_\_

**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 and all circumstances in your household that warrant financial assistance. You may also include another page if more space is needed.

**Yes, I am willing to share my Y story with the YMCA to help support the Annual Campaign (Please Initial) \_\_\_\_\_**