



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**YMCA of Middletown  
 ACCESS Application Form  
 (Financial Assistance for Child Care)**

Please fill out this form **completely** and **attach copies of all necessary documents**. **Incomplete applications will not be processed and will be returned**. If approved for assistance, the amount due must be paid via check, credit card, or cash at the time of registration. Assistance offer will be valid for 2 months from the date of the letter. **At no time is financial assistance retroactive**. Please do not attach any registration forms with this application.

**To process your financial assistance application, please provide all applicable documentation:**

- Completed ACCESS application
- Copy of the first page of your most recent tax return
- Copy of two most recent pay stubs for each working person within the household
- Copy of Social Security and/or Disability checks (if receiving)
- Copy of TANF letter, SNAP letter, and/or Section 8 housing letter (if applicable)
- Copy of unemployment benefits statement (if applicable)
- Copy of Child Support, School Scholarships, or Pension Benefits documents (if applicable)
- If you have no income, a notarized letter from the person(s) who provides for your monthly living expenses
- A personal narrative to clarify your needs or special circumstances.

**\*\*If you do not provide the required documentation, your application process will be delayed until all documentation is received and application is filled out completely.\*\***

Please allow at least 4 weeks to process your application. After this period, you may call the YMCA to see if your application has been approved or to see if additional information is needed.

ACCESS applications for **Preschool** and **Club Kid** will be accepted from **July 15th through May 1st**.  
 ACCESS applications for **Camp** will be accepted from **May 1st through June 1st**.

**Any application submitted outside of these acceptance dates will not be reviewed.**  
**Please note that there is no financial assistance for Vacation Camp, Camp Bussing, or Trip Week.**

**Application is for:**

<u>Club Kid</u>	<u>Preschool</u>	<u>Camp</u> (only circle sessions needed)
AM _____	Extended AM _____ AM _____	Session:                    1   2   3   4
PM _____	Extended PM _____ PM _____	Pre/Post Camp:            1   2   3   4

# ACCESS Application

Today's Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

Are you a resident of the City of Middletown?  Yes  No

Have you previously applied for ACCESS or MAP?  Yes  No If so, when? \_\_\_\_\_

Marital Status (please check one)  Single  Married  Separated/Divorced  Widowed

Your Employer's Name: \_\_\_\_\_

Your Employer's Address: \_\_\_\_\_

Are you employed part time or full time? \_\_\_\_\_

Are you currently enrolled in school or a training program? \_\_\_\_\_ \*If yes, please attach schedule\*

Name of School: \_\_\_\_\_

Spouse's/Significant Other's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's/Significant Other's Employer's Name: \_\_\_\_\_

Spouse's/Significant Other's Employer's Address: \_\_\_\_\_

Is your spouse/significant other currently enrolled in school or a training program? \_\_\_\_\_ \*If yes, please attach schedule\*

Name of School: \_\_\_\_\_

Please list the first name, last name, school, and date of birth of all dependents living in your household. You may be required to show proof of residency.

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

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

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

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

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

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

**INCOME/EXPENSE WORKSHEET** (Please note that all expenses will be taken in to consideration, but do not guarantee approval of assistance)

Income (list all MONTHLY income)

Expenses (list all MONTHLY expenses)

Gross monthly income \$ \_\_\_\_\_  
 Spouse's gross monthly income \$ \_\_\_\_\_  
 Other monthly income for all adults over the age of 18 \$ \_\_\_\_\_  
 Child Support (if receiving) \$ \_\_\_\_\_  
 Social Security/Disability \$ \_\_\_\_\_  
 TANF (if receiving) \$ \_\_\_\_\_  
 SNAP (if receiving ) \$ \_\_\_\_\_  
 Unemployment (if receiving) \$ \_\_\_\_\_  
 Alimony (if receiving) \$ \_\_\_\_\_  
 Pension/Retirement \$ \_\_\_\_\_  
 Housing Assistance \$ \_\_\_\_\_  
 Other (please explain) \$ \_\_\_\_\_

Rent/Mortgage \$ \_\_\_\_\_  
 Vehicle Payments \$ \_\_\_\_\_  
 Utilities \$ \_\_\_\_\_  
 Phone Service \$ \_\_\_\_\_  
 Child Care \$ \_\_\_\_\_  
 Food \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Insurance \$ \_\_\_\_\_  
 Student Loans \$ \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

**RELEASE FORM**

1. I certify my given information to be true. I understand that if any information is found to be false, my financial assistance is subject to termination.
2. I understand that I am responsible for paying my portion of monthly payments on time, and that failure to complete my financial commitment will prohibit me from applying again until those fees are paid.
3. If my financial circumstances improve or reach a level where I no longer require assistance, I agree to notify the YMCA so that others in need may avail themselves of assistance.

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

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

For your convenience, please add your personal narrative on the back of this page.

