

Membership For All Application

Apply in 5 easy steps!

1 PRIMARY MEMBER INFORMATION

Name: _____ M / F

Mailing Address City: _____

State: _____ ZIP: _____

Phone: _____

Email: _____

If an applicant is under 18: Parent/Guardian name _____

2 ALL PERSONS LIVING IN THE HOUSEHOLD

Parent/Adult _____ DOB _____ M/F _____

Parent/Adult _____ DOB _____ M/F _____

Child _____ DOB _____ M/F _____

Child _____ DOB _____ M/F _____

Child _____ DOB _____ M/F _____

Child _____ DOB _____ M/F _____

Child _____ DOB _____ M/F _____

Other _____ DOB _____ M/F _____

Other _____ DOB _____ M/F _____

3 I AM APPLYING FOR

ADULT _____

TWO ADULT _____

AOA (63+) _____

AOA Couple (1 person 63+) _____

HOUSEHOLD _____

1 ADULT HOUSEHOLD _____

CHILD CARE ONLY: _____

SACC/Camp/Schools Out _____

4 HOUSEHOLD MONTHLY INCOME

	Adult 1	Adult 2	Children/ Other	TOTAL MONTHLY
Total Gross Wages				
Child Support				
Social Security				
Unemployment				
Alimony				
Retirement				
Pension				
Monthly Value of Food Stamps				
Child Care Subsidy				
Other Financial Assistance				
Total Monthly Income				
Total Annual Income				

How much can you pay monthly for membership? _____

5 TO QUALIFY, PROVIDE COPIES OF THE FOLLOWING DOCUMENTS

- 1040 Federal Tax Form(s) or W2's for all incomes in household
- Documents showing most recent income (including pay stubs or documentation of government assistance)
- Additional forms of income (if applicable) Social Security, pension, unemployment, etc.
- If you did not file taxes, letter from IRS stating you did not file
- Denial letter from Rutgers subsidy program (for Camp and SACC programs only)

THIS APPLICATION MUST BE RENEWED ANNUALLY!

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form

Date

Membership for All Summary

Membership Rate: _____

Membership % Discount: _____

Monthly Draft: _____

Program Discount: _____