



# YES Financial Assistance Application

Should you find that your families need financial assistance beyond what the sliding scale offers. We understand and want your child(ren) to enjoy the program. Please answer all questions below completely and turn into an Administrator. We will contact you within five (5) business days with additional financial/other services available.

## Name of Camper

Address		
City	State	Zip Code
Daytime #	Home#	

Have you previously applied for financial assistance at Community Development Corporation of Northern New Jersey (CDCNNJ)?  Yes  No

Please give a short explanation of why you need financial assistance, **length of time requested** and **amount you would be able to pay weekly**. Attach a separate sheet of paper if needed.


## Income Information (include all household income)

Names of all other Household Members: (Related and Unrelated)	Monthly Gross Earnings Wages/ Salary	Monthly Social Security, Pensions, Retirement	Monthly Unemployment, Worker's Comp	Monthly Child Support, Alimony	Monthly TANF, Food Stamps	Monthly Any Other Income
Father						
Mother						

## Expense Information

List principal MONTHLY expenses and extraordinary expenses (medical, alimony, etc.) in the space below.

Mortgage/Rent	\$	Credit Cards	\$	Other _____	\$
Child Care	\$	Loans	\$	Other _____	\$

In what way could you perform volunteer work for CDCNNJ? \_\_\_\_\_

\_\_\_\_\_ Available days and times \_\_\_\_\_

I understand that this financial assistance application will be reviewed periodically. I am enclosing a copy of my most recent tax return, last three pay stubs, class schedule (if applicable), copies of all additional household income. NOTE: This documentation is required to process this application. We reserve the right to ask for additional information to verify income.

## Applicants' Signatures

Under penalties of perjury, I declare that I have examined this application and accompanying statements, and to the best of my knowledge and belief, they are true, correct and complete.