



## RETIREE EMERGENCY ASSISTANCE PROGRAM

### Program Overview

The YMCA Retirement Fund's Retiree Emergency Assistance Program (REAP) provides grants to help YMCA retirees who find themselves in a financial crisis. This program is supported by proceeds from the Harold C. Smith Award Dinner.

### Eligibility Checklist

You are a candidate for a REAP grant if **all** of the following statements apply to you:

- I receive an annuity from the YMCA Retirement Fund
- I worked for the YMCA and the annuity I receive is from my employment, not that of my spouse or any other person
- My emergency is in one of the following three categories:
  - **Medical:** Out-of-pocket medical expenses incurred by me, my spouse and/or my dependents that cause extreme hardship (Cost of health insurance itself does NOT qualify as a medical emergency.)
  - **Shelter:** Expenses to avoid eviction from, or foreclosure upon, my primary residence
  - **Catastrophe:** An economic hardship resulting from an act of nature or other catastrophic event
- I am **not** a member of the Association of YMCA Professionals (AYP)\*
- I am **not** a member of the Association of YMCA Retirees (AYR)\*

\*Retirees who are members of AYP or AYR may be eligible to apply for Emergency Assistance Fund (EAF) grants of up to \$10,000. Go to [www.aypymca.org](http://www.aypymca.org) for additional information and an EAF grant application.

### Evaluation Process

Grant requests will be reviewed and processed in the order they are received. The most you can receive per grant is \$1,000. You can only receive one grant per program year (December 1 through November 30).

Send your completed application and supporting documentation to the Fund to be reviewed by the Fund's REAP Committee. This documentation must clearly demonstrate the financial nature of the emergency. Some examples of documents include:

- Medical: Bills from medical providers
- Shelter: Letter or bill from financial institution, foreclosure or eviction notice, notarized letter or statement from landlord proving late or outstanding balance
- Catastrophe: Bills from FEMA or contractors

All decisions will be based on the documentation provided. If the Committee approves your request, a check will be sent to you within 30 days of receipt of your application. If your request is not granted, you will be notified in writing. All inquiries should be sent to **REAP@ymca.org**.



**RETIREE EMERGENCY  
ASSISTANCE PROGRAM**

**APPLICATION**

**Mail this completed form to the YMCA Retirement Fund, Attn: REAP Committee, 140 Broadway, New York, NY 10005-1197.**

Name \_\_\_\_\_

Contact or Representative (if different from person named) \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Amount of Grant Requested \$ \_\_\_\_\_

I certify that all the information I provided is true and I meet all criteria on the **Eligibility Checklist** on page 1.

**YOUR SIGNATURE** \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

**Explanation of Financial Need (use additional paper if needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List supporting documentation that you are attaching to this form**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List other efforts you have made to request this financial assistance**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY

Retiree since \_\_\_\_/\_\_\_\_/\_\_\_\_ YRF/MO \$ \_\_\_\_\_ Grant approved \$ \_\_\_\_\_ Approval Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grant # \_\_\_\_\_