Retirement
The lifelong benefit of doing good

RETIREE EMERGENCY ASSISTANCE PROGRAM

The YMCA Retirement Fund's Retiree Emergency Assistance Program provides grants to YMCA retirees who are in a financial crisis. This program is made possible through the donations received from the Harold C. Smith Fundraiser.

Eligibility Guidelines

You are eligible for a grant if **ALL** of the following statements apply to you:

- ☐ I am a retiree who receives an annuity from the YMCA Retirement Fund because of my past YMCA employment
- ☐ I no longer work for any YMCA that is a participant of the YMCA Retirement Fund

My financial crisis was triggered by one or more of the following emergencies *(please check all that apply)*:

- ☐ **Health**: Medical, dental, and/or pharmaceutical expenses, ***not covered by insurance***, incurred by me, my spouse and/or my dependents *(Cost of cosmetic procedures and the cost of health insurance are excluded)*
- ☐ **Shelter**: Expenses to ***prevent or halt*** foreclosure/eviction from my primary residence
- ☐ **Natural Disaster**: Expenses, ***not covered by insurance***, incurred to repair damage to my primary residence due to an unforeseen act of nature *(Examples include tornado, fire, earthquake or flood)*
- ☐ **Other**: Expenses incurred as a result of an unforeseen event that has created an unexpected financial hardship *(This category generally does not consider routine personal expenses, ongoing elective home or automobile maintenance costs, or non-emergency purchases)*

- ☐ I have itemized bills for these emergency expenses incurred within the last twelve months
- ☐ I consent to follow-up communication for the purpose of clarifying, verifying and/or authenticating supporting documents submitted, and requests for further necessary documentation
- ☐ I am **NOT** a member of YMCA Alumni *(Retirees who are members of YMCA Alumni may be eligible to apply for Emergency Assistance Fund (EAF) grants. Go to www.ymcaeaf.org for additional information and an EAF grant application.)*

Evaluation Process

All applications must be submitted with copies of supporting documentation for review and consideration by the Retiree Emergency Assistance Program Committee. Documentation provided must be dated within the last twelve months and clearly identify the services provided and the dates on which those services were or will be received. Some examples of supporting documentation include:

- **Health**: Bills or estimates included in a treatment plan from medical providers *(Explanation of Benefits (EOB) from insurance will not be accepted)*
- **Shelter**: Notice of foreclosure or eviction, or past-due rent or mortgage payments indicating a risk of foreclosure or eviction
- **Natural Disaster**: Bills, estimates, or quotes, from contractors and/or notice from FEMA of declared natural disaster
- **Other**: Bills, estimates, invoices, or other supporting documentation for expenses related to an unforeseen event that clearly demonstrates an imminent need for financial assistance

Mail the completed application form and supporting documentation to:

YMCA Retirement Fund
Attn: Retiree Emergency Assistance Program
1177 Avenue of the Americas
New York, NY 10036-2714

Completed applications are reviewed by YMCA Retirement Fund's Retiree Emergency Assistance Program Committee. If your application is approved, grants may cover all or a portion of your request.

Grant Limit: Each eligible applicant may be awarded up to $5,000 in grants within a five-year period. Once an applicant has received $5,000 in grants, they must wait until five years have passed from their first approved grant before reapplying.

If the Committee approves your request, our goal is to issue a check within 15 to 20 business days from the date we receive your completed application and all eligible supporting documentation, including the time needed for Committee review. If your request is denied, you will be notified in writing.

September 2026

Retirement
The lifelong benefit of doing good

APPLICATION

Mail this completed form to:

YMCA Retirement Fund
Attn: Retiree Emergency Assistance Program
1177 Avenue of the Americas, New York, NY 10036-2714

Supporting documentation must be included in order for your application to be considered.

Name _____

Contact or Representative (if different from person named) _____

Address _____

City, State, Zip _____

Home Phone _____ Mobile _____ Email _____

Amount of Grant Requested $ _____(Max Grant Allowance: $5,000)

☐ I acknowledge that I have reviewed the Eligibility Requirements on page 1 and have included documentation to support my application.

YOUR SIGNATURE _____ Date _____/_____/_____
(mm/dd/yyyy)

Please describe your emergency, the financial hardship it has created, and how this grant would help alleviate your emergency.

_____

_____

_____

_____

_____

_____

_____

Please list and include any supporting documentation that helps explain your emergency and verify the related expenses.

_____

_____

_____

_____

_____

September 2026