

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 a generous gift from Peter E. Berger and proceeds from the Harold C. Smith Fundraiser.

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 no longer work for the Y and the annuity I receive is from my past YMCA employment, not from the past YMCA employment of my spouse or any other person
- ☐ My emergency is in one of the following categories:
 - **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.)
 - **Catastrophe:** An economic hardship resulting from an act of nature or other catastrophic event
- ☐ I have itemized unpaid bills for services rendered within the last six months. (Grants are not awarded to reimburse paid bills or credit card statements.)
- ☐ 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 of up to \$10,000. Go to www.ymcaalumni.org for additional information and an EAF grant application.

Evaluation Process

Grant requests will be reviewed and processed in the order they are received. Grants may cover only a portion of your request. The most you can receive per grant is \$2,500. Each applicant is eligible for one grant per year and a maximum of two grants in a lifetime.

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

- **Medical:** Unpaid bills from medical providers (Explanation of Benefits (EOB) will not be accepted)
- **Catastrophe:** Unpaid bills from FEMA or contractors

Mail this completed form to the YMCA Retirement Fund, Attn: REAP Committee, 120 Broadway, New York, NY 10271-1999. You must attach supporting documentation in order for your application to be considered.

All decisions will be based on the documentation provided. If the Committee approves your request, a check will be sent to you within 45 days of receipt of your completed application and supporting documentation. If your request is not granted, you will be notified in writing.



RETIREE EMERGENCY ASSISTANCE PROGRAM

APPLICATION

Mail this completed form to the YMCA Retirement Fund, Attn: REAP Committee, 120 Broadway, New York, NY 10271-1999. You must attach supporting documentation 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 \$ _____

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 funds you have requested and/or received as financial assistance

