The YMCA of Metropolitan Chicago
REQUEST for REDUCTION OF FEES

Please complete the information below to help us evaluate your request: DATE _____

NAME: _____ Membership # _____
(if applicable)

Name and Ages of Family Members (if applicable):

Name	**Age**
_____	_____
_____	_____
_____	_____
_____	_____

Home Address_____

City_____ State & Zip_____

Home Phone_____ Work Phone_____

Please list the activity that you are requesting fee reduction for:

Membership: Adult _____ Family____ Youth _____ at regular cost of $_____

Nonmember Class: _____ at regular cost of $_____

Member Class: _____ at regular cost of $_____

Special Program: _____ at regular cost of $_____

Reason for Fee Reduction Request: _____

_____

DOCUMENTATION OF INCOME:

What is the total annual income for your entire household? $_____
What does this include? ___Wages ____ Govt. Support ___Child Support ___Other
What is the number of people living in your household: _____
Please attach copies of the following items as proof of income:

____latest tax return IRS 1040 and ____recent paycheck stub

OR

____ Section 8 application or
____ Public Aid card or

____ documentation is not available because_____

Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago for reduction of fees is true. I understand that false information will make me ineligible for any participation in this organization. I understand that the decision to grant a fee reduction is at the sole discretion of the Y's board of managers or its designee.

Signature of applicant: _____Date_____
Or parent/guardian if applicant is a minor