

High Ridge YMCA
REQUEST for IBRS/ REDUCTION OF FEES
 (Allow up to 4wks for processing)

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

NAME: _____ **Membership #** _____
 (If renewing)

Name and ages of family members (include self):

Name	M/F & Age	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Address _____

City _____ **State & Zip** _____

Home Phone _____ **Work Phone** _____

E-Mail ADDRESS _____

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

Membership: Adult _____ Family _____ Youth _____

Fee Based Classes: _____

Special Program: _____ **Participant to receive reduction** _____

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 for **all Adults in the home:**

IF WORKING

____ last year's tax return **IRS 1040**

And

____ recent paycheck stub

IF NOT WORKING

____ Section 8 application or voucher

____ Public Aid card and 2 Rent Receipts

____ SSI Benefit Statement

____ Unemployment verification

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