

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 applicable)

Name and ages of family members (include self):

Name	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 ____ **OR** **Program:** ____

Name of class: _____ **Session of class:** _____

Time of class: _____ **Name of person taking class:** _____

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:

- | | | |
|--|-----------|--|
| ____ last years tax return IRS 1040 | OR | ____ Section 8 application or voucher |
| and | | ____ Public Aid card and 2 Rent Receipts |
| ____ recent paycheck stub | | ____ SSI Benefit Statement |
| | | ____ Unemployment verification |

**Additional documentation of proof of income may be requested.

NOTE: APPLICATIONS WILL NOT BE PROCESSED WITHOUT PROOF OF INCOME.

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