



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metro Chicago FINANCIAL ASSISTANCE REQUEST

PERSONAL INFORMATION PLEASE PRINT

Membership ID (if applicable) _____

First _____ M.I. _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone _____ Primary Phone _____

Birthdate ____ / ____ / ____ Email _____

FAMILY INFORMATION PLEASE PRINT

First _____ Last _____ Birthdate ____ / ____ / ____ Gender _____

First _____ Last _____ Birthdate ____ / ____ / ____ Gender _____

First _____ Last _____ Birthdate ____ / ____ / ____ Gender _____

First _____ Last _____ Birthdate ____ / ____ / ____ Gender _____

First _____ Last _____ Birthdate ____ / ____ / ____ Gender _____

First _____ Last _____ Birthdate ____ / ____ / ____ Gender _____

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

Membership Adult ____ Family ____ Youth ____ Young Adult ____ Household ____ at regular cost of \$ _____

Program Member Class _____ at regular cost of \$ _____

Member Class _____ at regular cost of \$ _____

Special Program _____ at regular cost of \$ _____

Reason for fee reduction request (or submit letter of request) _____

Renewal ___Yes ___No Please tell us how this assistance has positively impacted your family

DOCUMENTATION OF INCOME:

The YMCA requires that applicants provide the requested information on income so that we can provide financial assistance in a fair and consistent manner across all applicants.

What is the total annual income for your entire household? \$ _____

What does this include? ___ Wages ___ Govt. Support ___ Child Support ___ Other

Please attach copies of the following items as proof of income:

- Federal Income Tax return (Form 1040, 1040a, 1040ez): Each applicant will need to bring a current tax return showing total household income. Income needs to be for all adults in the household regardless of relationships or varying interest in joining the YMCA.

If a Federal tax return is not available, the applicant needs to provide the relevant documents:

1. Social Security Benefit Statement
2. Earned Income Statement from Social Security
3. Disability or Pension Benefit Document (1099R)
4. 401(k) or 403(b) Retirement distribution statement (1099R)
5. Pay stubs (current month (4 weeks) documentation)
6. Unemployment checks (current month (4 weeks) documentation)
7. Child support or alimony (court order of payment receipts)
8. SNAP Benefit
9. Section 8 Housing Statement/Housing Assistance

When above documentation is not available, a written reference on organizational letterhead from a refugee agency; agency that assist homeless, or other community organization who has a close relationship with applicant with knowledge of the applicants income status may be used.. Confirmation of enrollment in secondary educational institution with award/loan data and visa information for international student may be accepted.

Statement by applicant: I certify that all information provided to the YMCA of Metropolitan Chicago 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 adjustment is at the sole discretion of the Y's board of managers or its designee. I understand that I must renew my scholarship assistance every year, prior to my membership expiration if I still wish to receive a reduced rate. This is not a guarantee that I will receive the same reduction of fees.

Signature of Applicant _____ Date _____

OFFICE USE

Reviewed by _____ Date _____

ID verification by _____ Date _____

Qualified Family Members 1 _____ [Individual] 2 _____ [2 or more adults] 3 _____ [Family w/children]

Approved Scholarship % _____ Monthly \$ _____ Yearly \$ _____

Member Experience Director Approval _____ Date _____

Executive Director Approval _____ Date _____