



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 Household \_\_\_\_ Family \_\_\_\_ Adult \_\_\_\_ Young Adult \_\_\_\_ Youth \_\_\_\_ 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 \_\_\_\_\_