

Fee Assistance Application Process

Please read and understand the entire Fee Assistance policy. If you have any questions, please contact your Fee Assistance administrator at the branch.

Please answer ALL questions on the application and provide all required documentation... incomplete applications will be returned. **This is needed for all household income.**

- You must attach:
- Two (2) current pay stubs and most current Federal Tax Form 1040 or proof of non-filing. To receive proof of non-filing call 1-800-829-1040 (choose option #2 and then #2 again)
 - Public Aid Income Statement
 - Social Security Office Income Statement
 - Any other Voluntary Documentation

- If applicable:
- Unemployment or Social Security Statements for self and dependents
 - Public Aid, Food Stamps or Subsidized Housing you receive
 - Child Support or Alimony Statements

Please complete the following (please enter an amount on each line):

Your gross monthly income	\$ _____	(wages, salary, commissions, etc.)
Spouse gross monthly Income	\$ _____	(wages, salary, commissions, etc.)
Other household income	\$ _____	Sources _____
Child support/Alimony	\$ _____	
Aid to Dependent Children	\$ _____	
Social Security Benefits	\$ _____	
Unemployment Compensation	\$ _____	
Military Pension/Veterans Payments	\$ _____	
Contributions from non-household members	\$ _____	Sources _____
Total Monthly Household Revenues	\$ _____	

Financial obligations:

Monthly Rent/Mortgage payment	\$ _____	Please identify and document any exceptional circumstances (medical, employment, etc.) _____ _____ _____
Automobile	\$ _____	
Utilities	\$ _____	
Gas	\$ _____	
Insurance	\$ _____	
Food	\$ _____	
Other	\$ _____	

Total Monthly Financial Obligations \$ _____

Fee Assistance is evaluated on a sliding scale. YMCA membership privileges and services are subject to space and financial constraints of the Association and may require advance registration and planning. Space in classes, child care and camps will be subject to budgetary and regulatory limitations on space and placements.

I hereby affirm that the information provided is true and accurate to the best of my knowledge. I understand that the YMCA may hold me responsible for the total cost of the program or membership should this information be incorrect or inaccurate. Non-payment of any and all outstanding fees will result in immediate cancellation of this financial assistance and YMCA participation.

Signature of Applicant _____ Date _____

Heritage YMCA Group
Aurora • Naperville • Oswego

Our Mission: To enhance the quality of life for families through programs reflecting Christian principles to build healthy spirit, mind and body for all.



Fee Assistance Application

Keeping the YMCA Available to All

Fee Assistance Application

Aurora Family YMCA
 Safe 'n Sound

Kroehler Family YMCA
 Field House Family YMCA

Fry Family YMCA
 Oswego Family YMCA

Type of Assistance: Membership Child Care Program Camp

Applicant Information:

Name _____ DOB _____ Age _____
Marital Status _____ E-mail _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____

Employment Information:

Employer _____ Company Phone _____
Address _____ City _____ Zip _____
Position _____ Length of Employment _____ Full Time Part Time
Supervisor's Name _____ Phone _____
Are you a student? Yes No School _____ Full Time Part Time

Spouse's Employment Information:

Spouse's Name _____ DOB _____ Age _____
Employer _____ Company Phone _____
Address _____ City _____ Zip _____
Position _____ Length of Employment _____ Full Time Part Time
Supervisor's Name _____ Phone _____
Are you a student? Yes No School _____ Full Time Part Time

Family/Household Information:

Family/Household Size: _____ Adults _____ Children (18 years & under, or 21 years & up if full-time student)

Dependents:	Relationship:	Birthdate:	Sex:	School/College Attending:	Grade:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(over)