

**PLEASE RETURN THIS
FORM AND SUPPORTING
DOCUMENTS IN SEALED
ENVELOPE ATTENTION TO:
MICHAEL FERAGLICH**



54 Nagle Avenue
New York, N.Y. 10040
212-569-6200
212-567-5915
www.ywashhts.org

Confidential Request for Fee Adjustment

- Nursery School After School Program
 Nursery Camp Day Camp Other

Child's Name _____	Birthdate: _____
Age: _____ School: _____	Grade: _____
Address: _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>

Parent 1 Name: _____	Email: _____
Home Phone #: _____	Cell Phone #: _____
Company Name _____	Occupation: _____ Phone #: _____
Weekly Income: _____	Social Security #: _____

Parent 2 Name: _____	Email: _____
Address (if different): _____	
<i>Street</i>	<i>City</i>
<i>State</i>	<i>Zip</i>
Home Phone #: _____	Cell Phone #: _____
Company Name _____	Occupation: _____ Phone #: _____
Weekly Income: _____	Social Security #: _____

Other income in family: _____	Total family weekly income: _____
Receiving Public Assistance? <u>YES</u> <u>NO</u>	If yes, what type of assistance _____
Rent/mortgage per month: _____	Number people in family living at home: _____
Number of people under your support: _____	

Have you ever applied for a fee adjustment? _____

How much do you think you can afford to pay? _____

For how long do you think you will require a fee adjustment? _____

Did you recently emigrate: ____ If so, from where: _____ When: _____
Date

With this application, must provide your most recent tax return, rent/mortgage receipt, pertinent bills, and public assistance info if applicable. If items listed below are not included, application will not be considered.

Attachment Checklist

- | | |
|--------------------------------|-------------------------------------|
| ✓ Tax Return-Most Recent | ✓ Rent/Mortgage Receipt |
| ✓ Bills (Con Ed/Telephone/Etc) | ✓ Public Assistance (if applicable) |

Please feel free to provide us with any other information which supports your need for a fee adjustment:

Applicant Signature

Date

TO BE FILLED OUT BY A Y STAFF MEMBER (Applicants do not fill out)

Tax Return/Income Rent Receipt Bills Public Assistance

Date Child/Parent interviewed: _____ Interviewer Name: _____

Interviewer Comments: _____

Tuition: _____ Transportation _____ SUBTOTAL _____
LESS: Fee Adjustment _____ ADJUSTED FEE _____

Activity Fee: _____ Membership Fee _____ Current Expiration _____
(Must Pay For Membership and Optional Program Fees In Full)

Recommended Total Fee: _____

Arrangements for Payment: _____

First payment: _____ Due: _____

Submitted by: _____ Approved by: _____