

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.ywashts.org

## Confidential Request for Fee Adjustment

- Nursery School       After School Program  
 Nursery Camp       Day Camp       Other

Child's Name _____	Birthdate: _____	Age: _____
School: _____	Grade: _____	

Parent 1 Name: _____	Email: _____
Address: _____	
<i>Street</i>	<i>City</i> <i>State</i> <i>Zip</i>
Home Phone #: _____	Cell Phone #: _____
Company Name _____	Occupation: _____ Phone #: _____
Social Security #: _____	Weekly Income: _____ Living at home: <u>YES</u> <u>NO</u>

Parent 2 Name: _____	Email: _____
Address: _____	
<i>Street</i>	<i>City</i> <i>State</i> <i>Zip</i>
Home Phone #: _____	Cell Phone #: _____
Company Name _____	Occupation: _____ Phone #: _____
Social Security #: _____	Weekly Income: _____ Living at home: <u>YES</u> <u>NO</u>

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

**Note: This application is to be accompanied by your most recent tax return, rent/mortgage receipt, pertinent bills, and public assistance info 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: \_\_\_\_\_