

Evanston Youth Hockey Association: Confidential Dues Adjustment Application



Season Year: _____, ending May 31, 20_____

Participation in Evanston Youth Hockey Association (EYHA) is open to all regardless of means. The membership commitment level is based on the number of youth players in a household, regardless of one's use of the various programs the EYHA organization offers. The purpose of an adjustment for the membership commitment is to enable youth hockey players to join or retain membership, when circumstances do not permit paying the standard rate. The EYHA Finance Committee will evaluate and make adjustments based on the EYHA Financial policy. Each request, when granted, is subject to re-evaluation each year.

Name _____

Spouse's/Partner's name _____

Home address _____ City _____ Zip _____

Home Phone _____

I understand that all of the information contained below may be reviewed in a confidential manner by the Finance Committee of the EYHA Board.

Signature _____
Applicant Spouse/Partner Date

We are unable to consider your application without the answers to all of the following questions:

Years at your main residence _____ Do you own a secondary residence?

Number of Children _____ Please list ages of unmarried dependent children

Adult #1 Occupation and Title _____

Adult #2 Occupation and Title _____

Total family adjusted gross income for tax year 20__ from all sources (child support if applicable) \$ _____

Please indicate what you predict your gross income to be for calendar Year 20_____

\$_____

Monthly rental / mortgage payment (including assessment if applicable)

\$_____

Other financial obligations of a significant nature (please specify & indicate amounts)

Do you expect your income for the coming year to be appreciably different? Please explain

Please explain why it is not possible for you to pay dues in the standard amount applicable to your family status: (If more space is needed, feel free to use an additional sheet).

What amount do you suggest as a recommended guideline for the season:

\$_____

Your Payment Plan (Please note: All balances are due in full 30 days prior to end of regular season)

I/We prefer to pay: Three Months Four Months Six Months

- *Please scan or photograph this form and return this application to: Treasurer, Steve Nelson treasurer@evanstonhockey.com*
- ***New requirement this year: Most recent filing year Federal Income Tax Return. Contact the treasurer who will give you a link to a secure encrypted website to upload the return.***

(Please mark it "Confidential")