



REQUEST FOR REDUCED OR WAIVED FEES

To apply for reduced or waived fees, please complete this form. Income verification must accompany all requests for reduced or waived fees. Please attach a photocopy of the most recent W-2 for each wage earner in your household AND a photocopy of the most recent payroll stub for each wage earner.

Mail the completed form along with applicable W-2's and payroll stubs to:

MYBA Treasurer
Mark H. Anderson
3135 Rhode Island Ave.
St Louis Park, MN 55426

Name: _____ Social Security Number: _____

Address: _____ ZIP: _____ Phone: _____

Total number in household (children/spouse/self) = _____

Spouse's Name: _____ Social Security Number: _____

Children:

Name:	Birth Date:	Name:	Birth Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total income for past year: _____ Present monthly income: _____

Employer, Address, Phone: _____

Other sources of income (source and amount): _____

Signature: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of MYBA subsidy; MYBA officials may verify the information on this form; and that deliberate misrepresentation above may result in cancellation of registration.

X _____
Signature of Parent or Adult Household Member

Date: _____