FINANCIAL ASSISTANCE APPLICATION FOR *MEMBERSHIP* TO THE BETTY AND MILTON KATZ JEWISH COMMUNITY CENTER

Financial Assistance Applications must be filled out annually.

Please return your application with **copies** of the below applicable required documents as the application will be considered incomplete without them and we will not be able to process your request.

DO NOT SEND IN ORIGINAL COPIES AS THEY WILL NOT BE REURNED TO YOU

Please check and send in all that apply along with t	his application:
Copies of your most recently filed State and Fede	ral Tax Returns and W-2s. (Required)
If you had not applied for financial assistance is Federal and State Tax Returns and W-2s. (Required	ast year – We must also have copies of your filed prior year's
If a Sub-Chapter S Corporation is listed as your but (If Applicable)	siness, you must supply State and Federal Tax Returns.
Proof of Social Security Income (If Applicable)	
Proof of Unemployment Compensation (If Applica	able)
Provide a letter from your doctor; if a medical corfamily financial situation. (If Applicable)	dition prevents you from being employed or impacts your
Copy of Divorce Decree or Separation Agreement	(If Applicable)
Return completed application along with copies of supp	orting income documents to:
Katz JCC Attn: Doreen Greer 1301 Springdale Road, Suite 100 Cherry Hill, NJ 08003	
I hereby state that the information shown on this applic	ation along with supporting documents is accurate.
APPLICANT'S NAME (Please print)	
APPLICANT'S SIGNATURE	DATE

Applicant Name_

PLEASE PRINT OR TYPE

Family Information

Applicant:							
Applicant's (adult's) Name							
Address			Ci	ity/State			ipCode
Home Phone No				_Work Phone	No		
Email Address Status:		eparated	☐ Divorced	☐ Widowed	☐ Oth	er	
Occupation							
Employer					Year	s Employed The	re
Employer's Address							
Spouse/Partner:							
Applicant's (adult's) Name Address							inCode
Home Phone No							
Email Address Occupation							
·							
Employer_							re
Employer's Address							
Others in Household:							<u>Seeking</u>
				Relationsh	nip to	<u>School</u>	<u>Assistance</u>
<u>Name</u>	<u>(</u>	<u>Gender</u>	Birth date	<u>Applicar</u>	<u>ıt</u>	<u>Attending</u>	for this Person?
							Y/N
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	Applicant Name_	
Special Circumstances: Please describe your family situation and any need for scholarship support. Be explicit and	I circumstances (financial and otherwise) that conal paper if needed.	ontribute to the
Financial Information: MONTHLY INCOME	MONTHLY EXPENSES	
Applicant's Gross (before taxes) Income	\$ Rent or Mortgage (circle which one)	\$
Spouse's/Partner's Gross (before taxes)	\$ Real Estate Taxes	\$
Other Household Income	\$ Out-of-Pocket Medical Expenses and Premiums	\$
Dividends and Interest	\$ Loan Payments	\$
Alimony and Child Support	\$ Child/Adult Care	\$
Real Estate Income	\$ Private School/College Tuition (list schools)	\$
Social Security, SSI, DDD or any other State or Federal Programs	\$ Hebrew School/Congregational Dues Congregation:	
Other Monthly Income (i.e., bonus, rental income)	\$ Other Monthly Expenses-Food utilities, au	to, telephone etc \$

ASSETS	
Bank account balances (includes checking,	
savings, money market, CD, etc.)	\$
Stocks and bonds fair market value	\$
Other assets (explain)	\$
Do not include 401K or retirement plans	
TOTAL ASSETS	\$

\$____

TOTAL MONTHLY EXPENSES

\$____

TOTAL MONTHLY INCOME

Please check the type of membership you are requesting: (Check with the membership office if unsure)

JCC Member Rate October 2023 through September 2024

Full Family	\$1,584.00		Single Parent Family	\$1,260.00		
Full Family 26-35	\$1,140.00		Single Parent Family 26-	35 \$912.00		
Individual 26-35	\$552.00		Individual 36 – 64	\$888.00		
Couple 26 – 35	\$852.00		Couple 36 – 64	\$1,284.00		
Individual 65+	\$732.00		Couple 65+	\$1,092.00		
Youth 13-25	\$360.00					
Amount you are able to pay for the Membership type you selected \$						
Amount of financial assistance requested for membership \$(Amount of membership minus the amount you are able to pay)						

^{*}Please note: The JCC does not offer 100% assistance.

Return completed application along with copies of supporting income documents to:

Katz JCC Attn: Doreen Greer 1301 Springdale Road, Suite 100 Cherry Hill, NJ 08003

Applicant Name

KATZ JCC MEMBERSHIP FINANCIAL ASSISTANCE FREQUENTLY ASKED QUESTIONS

Does the JCC offer 100% financial assistance?

No. The Katz JCC does not award 100% assistance as funds are limited and there are many applicants.

What is the deadline for financial assistance application submission?

The deadline for returning the financial assistance application is based on **your** Membership renewal date. Please return your application *two months prior* to that date in order to be sure there is no interruption in your membership.

If I receive financial assistance, am I guaranteed that award each year?

No. You will need to apply for aid each year as the aid you receive is for one year only.

Who determines whether or not I am approved for financial assistance?

Your request for financial assistance will be reviewed by a committee. They review each application individually and make an award decision based on each applicant's individual situation. The Financial Assistance Committee WILL NOT review incomplete applications. It is extremely important that you are thorough in answering all questions and in attaching the required forms as per the instructions on the Financial Assistance Cover Sheet. You will receive notice via e-mail or USPS if your application is not complete. Please keep in mind the Financial Assistance Committee makes the final decision on the awards and the Financial Assistance Coordinator is not part of the decision process.

Is the financial assistance process confidential?

Yes. Your application is handled in the strictest confidence. The only person who will see your personal information is the Financial Assistance Coordinator. At no time during this process does the committee have access to your name or any other identifying information.

How and when will I be notified after my application has been reviewed?

Notifications will be done by mail. Because of the confidential nature of our process we are unable to discuss awards over the telephone.

After we receive your completed application, you will receive notification of the committee's decision via USPS within 10 business days.

Can I receive financial assistance as well as a promotional rate?

No. Financial assistance cannot be combined with any other offer.

Applicant Name_	

KATZ JCC MEMBERSHIP FINANCIAL ASSISTANCE FREQUENTLY ASKED QUESTIONS

What are my payment options?

You have a choice of either paying your balance in full before beginning to use the service or opt for a payment plan (after adjustment). Families opting for a payment plan (extended monthly drafts) must provide credit card payments (3% service fee will apply for credit card payments) or electronic funds transfer (EFT). Please note: you will be billed in full until you return the signed copy of the Financial Assistance Acceptance Form. Adjustments will be made once it is received.

What if I have additional questions regarding my application?

If you have additional questions regarding your application please e-mail the Katz JCC Financial Assistance Coordinator, Doreen Greer at dgreer@jfedsnj.org. Due to the high volume of inquiries, e-mail is the preferred method. If your questions cannot be resolved via e-mail or phone, a meeting can be scheduled.

Can I apply and receive financial assistance if my account is not considered "in good standing?"

Assistance is only awarded to members in good standing. Financial Assistance applicants who have past due or have unpaid balances will not be considered "members in good standing" and will not be considered for any financial assistance awards. Failure to adhere to prior payment plan terms will be taken into consideration. Your accounts must be brought up-to-date before any financial assistance application can be processed.