

Dear Financial Assistance Applicant:

Thank you for being a part of our Katz Jewish Community Center Family! We understand that there are times when the cost of participation can put a strain on finances. The Betty and Milton Katz JCC is pleased to be able to assist you and your family as we are able.

Enclosed is the Financial Assistance Application for Membership as well as a few frequently asked questions. Please be sure to read all documents completely, and to answer all questions.

Should we require additional information to complete your application, you will be contacted directly.

If you are found eligible for financial assistance, an adjustment will be made to your account after you return your signed acceptance form.

For additional information regarding the financial assistance program, please contact our team at MembershipFA@jfedsnj.org.

Please Note: This financial assistance application is not a Membership Registration Form. If you are a new member, and have not already done so, you must complete a Membership Application Form as well as sign the Membership Policy Agreement Form and submit to the Membership Office. The first month's membership dues are due at that time.

Thank you in advance for your cooperation.

Sincerely,

The Financial Assistance Committee

President

Nancy Pearl

Interim Executive Director

Beth Segal

Vice Presidents

Eric Baelen
Dr. Tara Berman
Ellen Lowenberger
Dr. Andrew Mulberg
Samantha Isdaner Richman

*Immediate Past
President*

Andy Levin

Board Members

Roberta Abramowitz
Harris Adler
Dr. Mark Dannenbaum*
Lewis Doner
Marcy Dash Friedman
Jeffrey Gottlieb*

Mandi Hartley
Hillary Kahan
Amy Kaplan*
Neil Levine
Tori Manis
Jennifer Petkun

Maor Rozalis
Lauren Butler Rosner
Jeffrey Resnick, Esq.*
Barry Susson

*Past President



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?

If you are a returning member, the **deadline** for returning the financial assistance application is based on **your Membership renewal date**. Please return your application one month 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 assistance each year as the assistance you receive is for one year only and is based on all information provided in your current application

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 is your name or any other identifying information shared.

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

Notifications will be sent by email. **PLEASE CHECK YOUR SPAM FOLDER.** After we receive your completed application, you will receive notification of the decision via email within 15 business days.

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.



Date: _____

Membership Financial Assistance Form

Full name: _____

Address: _____

Phone number: _____

Email address: _____

Birthday: _____

Adjusted Gross Income ("AGI") from page 1 of Federal Form 1040: _____

Please attach page 1 of Federal Form 1040 with this application.

If you were not required to file Federal Taxes please indicate "DNF" here _____

Household size: _____

Membership Type:

- | | |
|-------------------------------------|---|
| ☐ Individual | ☐ Single Adult with Children |
| ☐ Couple | ☐ Two Adults with Children |

Applicant Hardships: please select all that apply

- | | |
|--|---|
| ☐ Child/children with special needs | ☐ Recent decline in income |
| ☐ Single parent household | ☐ Job Loss/Unemployment |
| ☐ Chronic illness/Major medical bills | ☐ Fixed Income/Social Security |

Please email this form and your documents to membershipFA@jfedsnj.org.

.....

Section to be completed by JCC Staff Member

Membership type: _____

Yearly membership cost: _____

Award %: _____

JCC staff member: _____

Signature