

CONFIDENTIAL FORM



Please return the completed form and all required items to:

Zaban Park
5342 Tilly Mill Rd
Dunwoody, GA 30338
Attention: Membership Office

Date _____

Please make sure that all required forms are turned in with your paperwork in a timely manner. It may take up to one month to process financial assistance requests.

Each person requesting assistance is asked to return this application with the following:

1. Your most recently filed income tax return
2. Your most recent W2 form for all family members
3. \$25 non-refundable check
4. Two (2) recent pay check stubs

Please understand we are unable to process your application without the above items. Incomplete applications will be returned to the applicant.

Your cooperation with this process will help ensure the MJCCA's ability to better meet your needs.

Each request is assessed individually and will receive serious consideration. Please be advised that any needs-based financial assistance you are awarded by other agencies for MJCCA programs will reduce the assistance given by the MJCCA, thus allowing these funds to become available for other families in need.

Should you have any questions, please contact Membership at 678-812-4060. Thank you for your understanding and cooperation.

Please fill in the following information as completely as possible.

Name: _____ Spouse: _____

Address: _____

Phone # (home) _____ (cell/work) _____

Email address: _____

Type of Membership: New Renewal

Membership Renewal Date: _____

FINANCIAL ASSISTANCE FORM

All questions must be answered completely.

Name: _____

FAMILY INFORMATION

MEMBERSHIP ASSISTANCE

	<i>Preferred</i>	<i>Essential</i>		<i>Preferred</i>	<i>Essential</i>
Family (children under 23)	<input type="radio"/> \$1380	<input type="radio"/> \$864	Mature Adult (65+)	<input type="radio"/> \$636	<input type="radio"/> \$408
Couple (Children under 3)	<input type="radio"/> \$1110	<input type="radio"/> \$765	Mature Couple (65+)	<input type="radio"/> \$969	<input type="radio"/> \$594
Single Parent Family	<input type="radio"/> \$1002	<input type="radio"/> \$648	Teen/Young Adult (13 - 27)	<input type="radio"/> \$504	<input type="radio"/> \$336
Individual (28 - 64)	<input type="radio"/> \$711	<input type="radio"/> \$456			

Marital Status: Single Married Divorced Widowed Separated

Size of household: Number of adults living in this household: _____
Number of children living in this household: _____

Children under 23 years of age and living in home:

<i>First Name ONLY</i>	<i>Age</i>	<i>Name of school</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other dependents:

<i>First Name ONLY</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT INFORMATION

First names **ONLY**. Please include all adult members of household.

Employment Status

- Full - Time Part - Time (less than 30 hr/wk) Stay at home (full-time family care) Self-Employed
 Unemployed Disabled Retired Student

Adult 1:

Name of applicant: _____

Occupation: _____

Employer: _____

Length of employment: _____

Part time / Full time: _____

Adult 2:

Name of applicant: _____

Occupation: _____

Employer: _____

Length of employment: _____

Part time / Full time: _____

Name: _____

Have you previously received financial assistance from the MJCCA? (check one) Yes No

If yes, what year(s) have you received assistance? _____

ANNUAL INCOME INFORMATION (from last year's tax return)

Gross wages \$ _____

Interest Income \$ _____

Dividends _____

Sole proprietor (Sch C) _____

Rental Income _____

K-1 _____

Pensions or Annuities _____

Unemployment _____

Social Security _____

Alimony _____

Disability _____

Trusts _____

Child support received * _____

Other Income _____

**Need documentation from final divorce decree*

Total Income _____

ASSET INFORMATION

Home: (check one) Rent Own (If you own, please complete the information below.)

Year purchased _____

Purchase price \$ _____

Automobiles:

Make / Year _____

Leased Owned Amount Owed \$ _____

Make / Year _____

Leased Owned Amount Owed \$ _____

Make / Year _____

Leased Owned Amount Owed \$ _____

MONTHLY EXPENSE INFORMATION

Please list the following expenses on a monthly basis.

Mortgage/Rent \$ _____

Utilities \$ _____

Day/Religious School \$ _____

Medical Insurance \$ _____

Childcare \$ _____

Other Lessons \$ _____

Life Insurance \$ _____

Auto Purchase/Lease/Rental \$ _____

Child Support Payments: _____

(Applies only to the parent or guardian paying child support. Do not include child support received.)

Please list the balance owed on the following expenses.

Credit Cards \$ _____

School Loans \$ _____

Medical / Hospital \$ _____

Other Expenses \$ _____

CHANGE OF INCOME

Do you anticipate a change in your household income? yes no

If yes, complete the following questions:

What do you anticipate your household income to be for the coming year? _____

Your income will be reduced in the coming year for the following reason(s). (Select all that apply.)

Unemployed/expect to be unemployed

Plan to take a job at a lower wage rate

Reduced hours

Exiting the workforce and plan to work at home

Filing for legal separation/divorce

Plan to retire

Medical reasons

Death of a spouse

Increase in family size

Loss of alimony or spousal support

Military reasons

Other: _____

