

CONFIDENTIAL FORM



Zaban Park
5342 Tilly Mill Rd
Dunwoody, GA 30338
Phone: 678-812-3700

Date _____

Dear Applicant,

This financial assistance application is being sent to you per your request. **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

Marital Status: (please check one) Single Married Divorced Widowed Separated

MEMBERSHIP ASSISTANCE

	Total Health	Recreation Plus		Total Health	Recreation Plus
Family (children under 23)	<input type="radio"/> \$1308	<input type="radio"/> \$792	Mature Adult (65+)	<input type="radio"/> \$576	<input type="radio"/> \$354
Couple (Children under 3)	<input type="radio"/> \$1032	<input type="radio"/> \$696	Mature Couple (65+)	<input type="radio"/> \$879	<input type="radio"/> \$540
Single Parent Family	<input type="radio"/> \$912	<input type="radio"/> \$588	Teen/Young Adult (13 - 27)	<input type="radio"/> \$480	<input type="radio"/> \$276
Individual (28 - 64)	<input type="radio"/> \$660	<input type="radio"/> \$420			

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:

First Name ONLY	Age	Name of school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other dependents:

First Name ONLY	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 years 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 \$ _____

Please list the balance owed on the following expenses.

Credit Cards \$ _____

Utilities \$ _____

School Loans \$ _____

Day/Religious School \$ _____

Medical / Hospital \$ _____

Medical Insurance \$ _____

Other Expenses \$ _____

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.)

CHANGE OF INCOME

Do you anticipate a change in your 2009-2010 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
- Loss of alimony or spousal support
- Military reasons
- Increase in family size
- Other: _____

Do you belong to a synagogue? (check one) Yes No If so, which one: _____

