

# STROUM JEWISH COMMUNITY CENTER

## REQUEST FOR FINANCIAL ASSISTANCE

January 2017

Thank you for your interest in the Stroum Jewish Community Center. Our goal is to ensure that as many families as possible are given the opportunity to access the services we provide. Financial assistance is applicable to one year only and a new application must be made each year.

In order to apply for financial assistance, applicants must have no outstanding obligations with the Center and have an income **at or below the levels on the annual household income chart (below)**. If you believe you qualify, follow the steps below to submit an application:

### I. DETERMINING ELIGIBILITY

**Step 1:** In order to determine whether you have an income at or below the levels on the annual household income chart (below), please complete the Household Income Worksheet on page 4. You will use your 2016 Federal Tax Return to complete this worksheet, so please make sure you have it available.

**Step 2:** In the 2017 Estimate column, fill in the boxes with your estimates for the entire year.

**Step 3:** Total amounts for each column in boxes A1 and A2.

**Step 4:** Determine the number of people in your household. Use the chart below that determine the eligible income level for a family with the same number of people, and put that number in boxes B1 and B2. For example, if you have 4 persons in your household, you would enter \$70,560 in boxes B1 and B2.

**Step 5:** Divide A1 by B1 and put the result in C1. Divide A2 by B2 and put the result in C2.

- **If C2 is equal or less than 1.0, you are eligible to apply for financial assistance.**
- **If C2 is greater than 1.0, you are not eligible to apply for financial assistance at this time.** If your situation changes and you become eligible in the future, you may file an application at that time.

#### **Annual Household Income Chart :**

<b>1 person</b>	<b>2 persons</b>	<b>3 persons</b>	<b>4 persons</b>	<b>5 persons</b>	<b>6 persons</b>	<b>7 persons</b>	<b>8 persons</b>
\$50,560	\$57,760	\$65,040	\$72,240	\$78,000	\$83,760	\$89,600	\$95,360

## II. APPLYING FOR ASSISTANCE

Once you have determined that you are eligible to apply for financial assistance, please continue to complete the Application. Make sure you sign and date the application on page 3.

Please fill in all requested information completely and accurately. We will be unable to process your application if information and documentation is missing or incomplete. If you include your e-mail address we will notify you as soon as a decision is made.

Once you have completed the application packet, please send with copies of all requested documents to:

Beth Rosen  
SJCC Account Services Manager  
3801 East Mercer Way  
Mercer Island WA 98040

You will be contacted if your application is incomplete or missing required documentation and your application will be held until all requested information has been received.

The first consideration for financial aid will be made by the SJCC for all applications received as of April 30, 2017. Thereafter, all completed applications received by the first working day of the month will be reviewed by the 15th working day of the month and you will be notified by the 30th day of the month of the amount of your financial assistance. You have 15 days from notification to provide written acceptance of your financial aid to SJCC Account Services Manager Beth Rosen. After 15 days, unaccepted financial aid applications will be cancelled. When all funds available for financial aid have been allocated, we will post a notice on the SJCC web site.

### CHECKLIST

- No outstanding obligations with the Stroum Jewish Community Center
- Household Income Worksheet (income less than or equal to median income)
- 2016 Federal Income Tax Return
- Application for Financial Assistance
- Household Expense Worksheet
- Pay stubs
- Program application (membership, Early Childhood Education, SJCC Summer Camp, etc.)

**Stroum Jewish Community Center  
Application for Financial Assistance**

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

Financial Assistance applying for:

- SJCC Membership    Early Childhood School Tuition    Youth and Recreation Camps    Kidstown

**LISTING OF HOUSEHOLD MEMBERS**

Household size : \_\_\_\_\_ (should match the number used to determine eligibility on page 4)

Name	Age (as of 1.1.2017)	Relation with applicant
		Applicant
		Applicant

**PLEASE BE ASSURED THAT ALL FINANCIAL INFORMATION  
WILL BE KEPT STRICTLY CONFIDENTIAL**

Limited funds are available for financial assistance. The SJCC prioritizes eligible requests according to the needs of each household and considers extenuating circumstances as well as income and expense.

**CERTIFICATION**

I/we attest that the information provided herein is accurate to the best of my/our knowledge and it based on my/our current financial status. I/we understand that the SJCC reserves the right to re-evaluate any assistance granted during the period of this agreement and I/we will notify the SJCC of any changes in my/our financial status. I/we have included copies of all requested documents.

Applicant \_\_\_\_\_

Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Stroum Jewish Community Center  
Application for Financial Assistance  
Household Income Worksheet**

<b>HOUSEHOLD INCOME</b>		2016 Actual	2017 Estimate
Wages, salaries, tips, etc.	1040 (7)		
Interest			
Taxable	1040 (8a)		
Tax-exempt	1040 (8b)		
Dividends			
Taxable	1040 (9a)		
Tax-exempt	1040 (9b)		
State & local tax refunds	1040 (10)		
Alimony received	1040 (11)		
Business income	1040 (12)		
Capital gain or loss	1040 (13)		
IRA distributions	1040 (15a)		
Pensions and annuities	1040 (16a)		
Rental real estate, royalties, partnerships, etc.	1040 (17)		
Unemployment compensation	1040 (19)		
Social Security benefits	1040 (20a)		
Other income	1040 (21)		

**TOTAL HOUSEHOLD INCOME**

Household size

**ELIGIBLE INCOME LEVEL FOR THE SAME HOUSEHOLD SIZE**

(from Annual Household Income Chart on page 1)

**PERCENTAGE OF ELIGIBLE INCOME LEVEL** (divide A1 by B1, A2 by B2)

C2 should be less than or equal to 1.0 to qualify for financial assistance

A1	A2
B1	B2
C1 = A1/B1	C2 = A2/B2

If you did not file a 2016 Federal Income Tax Return or have any special circumstances in your income situation, please explain below.

**Stroum Jewish Community Center  
Application for Financial Assistance  
Household Expense Worksheet**

<b>HOUSEHOLD EXPENSE</b>	<b>Last Month</b>	<b>2016 Total Year</b>
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**HOUSING**

- Rent
- Mortgage

- Electricity
- Gas
- Water/Sewer
- Garbage/Recycling
- Telephone
- Cellular service
- Cable/Satellite TV
- Insurance


**TRANSPORTATION**

- Car Loan/Lease payment
- Car Insurance
- Fuel/maintenance
- Public transportation


**MEDICAL**

- Medical and Dental insurance premiums
- Co-pay amount
- Recurring prescriptions


For major medical/dental treatment not covered by insurance, please describe nature of treatment and attach documentation for amounts paid.

**Stroum Jewish Community Center  
 Application for Financial Assistance  
 Household Expense Worksheet**

HOUSEHOLD EXPENSE	Last Month	2016 Total Year
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**SCHOOL/DEPENDENT CARE**

Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>
Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>
Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>
Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>

**DEBT PAYMENT (mortgage and car loans already covered in housing and transportation sections)**

Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>
Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>
Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>
Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>

**Stroum Jewish Community Center  
Application for Financial Assistance  
Household Expense Worksheet**

<b>HOUSEHOLD EXPENSE</b>	<b>Last Month</b>	<b>2016 Total Year</b>
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**OTHER EXPENSES**


**TOTAL HOUSEHOLD EXPENSE**

(add up all lines in the house expense worksheet under "2016 Total Year" column from page 5 to page 7)

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**ASSETS INFORMATION (as of the last date of previous month)**

DESCRIPTION	VALUE
Bank and investment – please list the name of the financial institution, type of accounts, name of stock/fund held	
Automobile – please list the year, make and model	
Real Estate – Please list the address	

**Stroum Jewish Community Center  
 Application for Financial Assistance  
 Household Expense Worksheet**

**EMPLOYMENT** **Required Documentation**

Employer		
Name of Employee		Last 2 Pay Stubs
Job Title		
Length of Employment		
Supervisor		
Work Phone		
Employer		
Name of Employee		Last 2 Pay Stubs
Job Title		
Length of Employment		
Supervisor		
Work Phone		
Employer		
Name of Employee		Last 2 Pay Stubs
Job Title		
Length of Employment		
Supervisor		
Work Phone		