

STROUM JEWISH COMMUNITY CENTER

REQUEST FOR FINANCIAL ASSISTANCE

For Programs with Total Cost OVER \$1,500

January 2022

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

In order to determine your family’s eligibility, please complete the Household Income Worksheet on page 4.

Step 1: Use your 2021 Federal Tax Return to complete this worksheet. (If your 2021 Tax Return is not available in time to meet the application deadline, you may estimate and submit your 2021 later; any award will be conditional upon review of your 2021 Federal Tax Return).

Step 2: In the 2022 Estimate column, fill in the boxes with your estimates for the entire year.

Step 3: Sum the amounts of both columns and enter those amounts in boxes A1 and A2.

Step 4: Enter the total number of people in your household in box A3. Determine the number of people in your household and enter that in box A3. Use the chart below to determine the corresponding 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 \$90,500 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 financial situation changes and you become eligible in the future, you may file an application at that time.

Annual Household Income Chart (Represents 80% of Median income):

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$63,350	\$72,400	\$81,450	\$90,500	\$97,750	\$105,000	\$112,250	\$119,500

II. APPLYING FOR ASSISTANCE

Once you have determined that you are eligible to apply for financial assistance, please complete one of two Applications. The first, and simpler Application, is for assistance for programs which in total cost less than or equal to \$1,500. The second Application (this one) is for assistance for programs which in total cost more than \$1,500. 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.

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

Stroum JCC
Scholarship 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.

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, if approved. You have 15 days from notification to provide written acceptance of your financial aid to the SJCC Scholarship Manager. After 15 days, unaccepted financial aid applications will be cancelled.

CHECKLIST

- No outstanding obligations with the Stroum Jewish Community Center
- Household Income Worksheet (income less than or equal to 80% of median income)
- 2021 Federal Income Tax Return
- Application for Financial Assistance (Simplified or Regular)
- Household Expense Worksheet (for Program Cost over \$1,500)
- Pay stubs
- Program application (Family membership, SJCC Summer Camp, etc.)
- Other pertinent documents as specified below

Stroum Jewish Community Center
Application for Financial Assistance (Program Cost OVER \$1,500)

Family Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cell Phone () _____

Email _____

Financial Assistance applying for:

SJCC Family Membership Youth and Recreation Camps Kidstown

Other (please specify):

LISTING OF HOUSEHOLD MEMBERS

Household size: _____ (must match the number used to determine eligibility in Box A3 on page 4)

Name	Age (as of Jan. 1, 2022)	Relation with applicant
		Applicant
		Applicant

ALL FINANCIAL INFORMATION IS 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.

**Stroum Jewish Community Center
Application for Financial Assistance
Household Income Worksheet (1)**

HOUSEHOLD INCOME		2021 Actual	2022 Estimate
Wages, salaries, tips, etc.	1040 (1)		
Addback Retirement Contributions			
Interest	1040 (2a)		
Dividends	1040 (3a)		
IRA, pensions, annuities	1040 (4a)		
Social security benefits	1040 (5a)		
State & local tax refunds	1040 Sch. 1 (10)		
Alimony received	1040 Sch. 1 (11)		
Business income	1040 Sch. 1 (12)		
Capital gain or loss	1040 Sch. 1 (13)		
Other gain or loss	1040 Sch. 1 (14)		
Rental real estate, royalties, partnerships, etc.	1040 Sch. 1 (17)		
Unemployment compensation	1040 Sch. 1 (19)		
Other income	1040 Sch. 1 (21)		
Child Support (include Child Support Agreement)			

TOTAL HOUSEHOLD INCOME

Household size (A3)

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
<input type="text"/>	<input type="text"/>
B1	B2
<input type="text"/>	<input type="text"/>
C1 = A1/B1	C2 = A2/B2
<input type="text"/>	<input type="text"/>

**Stroum Jewish Community Center
Application for Financial Assistance
Household Income Worksheet (2)**

If you did not file a 2021 Federal Income Tax Return or have any special circumstances in your income situation, please explain below. Provide support documentation, such as divorce decree, alimony agreement or child support agreement. Special circumstances can include job loss, adult going back to school, elder care, etc.

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		

**Stroum Jewish Community Center
Application for Financial Assistance
Household Expense Worksheet (1)**

HOUSEHOLD EXPENSE (1)	Last Month	Total 2021
HOUSING		
<input type="checkbox"/> Rent		
<input type="checkbox"/> Mortgage		
Electricity		
Gas		
Water/Sewer		
Garbage/Recycling		
Telephone		
Cellular service		
Cable/Satellite TV		
House/Rental Insurance		
TRANSPORTATION		
Car Loan/Lease payment		
Car Insurance		
Fuel/maintenance		
Public transportation		
MEDICAL		
Medical and Dental insurance premiums		
TOTAL		

For major medical/dental treatment which are out-of-pocket expenses not covered by insurance, please provide general description and attach documentation for amounts paid.

**Stroum Jewish Community Center
Application for Financial Assistance
Household Expense Worksheet (2)**

HOUSEHOLD EXPENSE (2)

Last Month

Total 2021

SCHOOL/DEPENDENT CARE (Only enter pre-school, day care, special-needs school and college expenses. Exclude other K-12 private school tuition.)

Name of child			
School or Provider			
Tuition/Fee			
Name of child			
School or Provider			
Tuition/Fee			
Name of child			
School or Provider			
Tuition/Fee			
Name of child			
School or Provider			
Tuition/Fee			
TOTAL			

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

Creditor			
Monthly/Annual Payment			
Creditor			
Monthly/Annual Payment			
Creditor			
Monthly/Annual Payment			

(Continued on next page)

Stroum Jewish Community Center

**Application for Financial Assistance
Household Expense Worksheet**

DEBT PAYMENT (CON'T)

Creditor		
Monthly/Annual Payment		
TOTAL		

HOUSEHOLD EXPENSE (3)

Last Month

Total 2021

OTHER EXPENSES

	Last Month	Total 2021

TOTAL HOUSEHOLD EXPENSES

(add up all lines in the house expense worksheet under "Last Month" and "Total 2021" column from page 6 to page 8)

Housing, Transportation & Medical Expenses		
School/Dependent Care Expense		
Debt Payment		
Other Expenses		

TOTAL HOUSEHOLD EXPENSES		
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ASSETS INFORMATION (as of the last date of previous month)

Exclude Retirement Assets

DESCRIPTION	VALUE
Bank and investments – please list the name of the financial institution, type of accounts	
Automobile – please list the year, make and model for each car	
Real Estate – Please list the address for all real estate owned. Indicate which is primary home.	
Businesses and Ownership Interest	

CERTIFICATION

I/we attest that the information provided herein is accurate to the best of my/our knowledge and it is 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 _____