



2019/2020 Program Year

Dear Fellow Congregant:

Our congregation warmly welcomes Jewish and interfaith families, couples and singles into our highly diverse community and we are committed to serve all who seek a place to worship on Shabbat, attend a weekday minyan, or participate in Yizkor services. As a warm and welcoming community committed to our community in its broadest sense, anyone seeking a place for prayer will not be turned away from our doors for financial reasons.

In keeping with our commitment to ensure that each member of our community who so desires can fully participate in synagogue life, we offer assistance to synagogue members who are in financial difficulty to subsidize dues obligations, school tuition and other fees, and capital assessments.

To ensure that we can make our limited funds benefit the maximum number of congregants in need, the Board of Directors has instituted a confidential process for evaluating candidates for financial assistance and dues remissions that recognizes our congregants' needs with sensitivity and care.

Details on our process can be found in the enclosed **CONFIDENTIAL FINANCIAL ASSISTANCE & REMISSIONS APPLICATION** for the 2019-2020 fiscal year. Please rest assured that all personal information will remain confidential; only those who are directly and immediately concerned with approving remissions will see any of these documents.

We would appreciate your careful efforts to complete and return your application as quickly as possible so that we can give prompt attention to your needs. Please deliver the completed application, along with your most recent IRS 1040 return and any other supporting documentation you think would help in evaluating your application, in a sealed envelope marked **Confidential** and addressed to the **Financial Secretary**, to The Jewish Center. Once a decision has been made, we will send you a letter with your level of assistance noted, and once you accept and sign this letter, your invoices will be adjusted accordingly.

If you have any questions or concerns about the application, please contact Joel Berger, Executive Director at 609 921-0100 x205.

L'Shalom,

Financial Assistance Committee



The Jewish Center
PRINCETON • NEW JERSEY

435 Nassau Street, Princeton, New Jersey 08540
Office 609-921-0100 Fax 609-921-7531 info@thejewishcenter.org

CONFIDENTIAL FINANCIAL ASSISTANCE & REMISSIONS APPLICATION

**Applicant's
Name:**

**Co-Applicant's
Name:**

I/We are applying for financial assistance for the following (check as applicable):

- MEMBERSHIP DUES**
- CAPITAL ASSESSMENT**
- RELIGIOUS SCHOOL TUITION**

NOTE – IMPORTANT

The information requested herein is required in order to consider your application. All requested information must be provided. An incomplete application will be returned to you and cannot be considered.

ATTACH A COPY OF YOUR LAST FILED IRS 1040 - INCOME TAX RETURN (WITHOUT SCHEDULES) AS WELL AS ANY ADDITIONAL INFORMATION YOU THINK WOULD BE HELPFUL IN CONSIDERATION OF THIS APPLICATION.

A new application is required each year and is due by June 1.

RETURN THE COMPLETED FORM WITH ALL ATTACHMENTS IN A SEALED ENVELOPE, MARKED CONFIDENTIAL AND ADDRESSED TO:

**FINANCIAL SECRETARY
THE JEWISH CENTER
435 NASSAU STREET
PRINCETON, NJ 08540-4611**

APPLICANT INFORMATION:

APPLICANT

Home Address _____

Email: _____

Home Phone: _____

Marital Status: _____

CO-APPLICANT

Home address: _____

Email: _____

Home phone: _____

Marital Status: _____

FAMILY INFORMATION:

Child's Name: _____

Date of Birth: _____ Gender: ____

School Attending: _____

Grade: _____

Child's Name: _____

Date of Birth: _____ Gender: ____

School Attending: _____

Grade: _____

Child's Name: _____

Date of Birth: _____ Gender: ____

School Attending: _____

Grade: _____

If there are more than 3 children in the household, attach additional sheets with information on each child

Child(ren) reside with: _____

EMPLOYMENT INFORMATION

APPLICANT

Employer (if unemployed, state for how long):

Do you own this business? _____ If so, is it a partnership? _____ Sole proprietorship? ____

Job Title/Profession: _____

Work Address: _____

Work Phone #: _____
How Long Employed Here? _____

Current or Last:

Salary: \$ _____

Bonus: \$ _____

Commission: \$ _____

Partnership Share: \$ _____

Other: \$ _____

CO-APPLICANT

Employer (if unemployed, state for how long):

Do you own this business? _____ If so, is it a partnership? _____ Sole proprietorship? ____

Job Title/Profession: _____

Work Address: _____

Work Phone #: _____
How Long Employed Here? _____

Current or Last:

Salary: \$ _____

Bonus: \$ _____

Commission: \$ _____

Partnership Share: \$ _____

Other: \$ _____

HOUSEHOLD FINANCIAL INFORMATION:

Adjusted Gross Income (All sources): \$ _____

Investment Income: \$ _____ Other Income or Financial Support: \$ _____

Family Net Worth: \$ _____ Financial Aid from Other Sources: \$ _____

ASSETS:

Cash & Other Liquid Assets: \$ _____

Business Investment: \$ _____

Personal Residence - Equity (appraised value less outstanding mortgages): \$ _____

Other Real Estate: Type: _____ Equity: \$ _____

Other Assets (identify and provide current market value):

LIABILITIES

Total Short-Term Debt (payable within 1 year): \$ _____

Total Long-Term Debt (payable in greater than 1 year): \$ _____

Fixed Monthly Obligations

Mortgage/Rent Primary residence: \$ _____ Secondary Residence: \$ _____

Auto or Lease Payment: \$ _____

Alimony: \$ _____ Child Support: \$ _____ Elder Care: \$ _____ Student Loan: \$ _____

Insurance: \$ _____ Real Estate Taxes: \$ _____ Other Taxes: \$ _____ Utilities: \$ _____

Medical (not covered by insurance): \$ _____

Tuition/Fees for special needs schooling: \$ _____ School: _____

Other (specify; include country clubs, camps, etc):

Please indicate any special circumstances that would prevent you from paying the full amount of TJC membership dues, capital assessments and tuition (attach additional sheets as necessary):

Other information which you would like the Remissions Committee to consider in evaluating your application (attach additional sheets as necessary):

The current *Financial Assistance & Remissions* policy of the Jewish Center is:

No person of the Jewish faith will be denied an opportunity to worship on Shabbat, attend weekday minyan, or participate in Yiskor services for financial reasons. Factors considered for remissions include but are not limited to gross household income, the amount of fixed obligations of the applicant (mortgage payments, property taxes, rent, etc.), extraordinary medical expenses, recent unemployment of an adult member of the household, special schooling for children with emotional or physical needs, or extreme variability of income. While each request will be considered on its own merits, and there is no hard and fast formula that will be used, in general:

- Applicants with gross household income from all sources (salary, dividends, interest, alimony, pension, Social Security, partnership distributions, rents, etc., but not including child support payments or income from any minor children in the household) of \$100,000 or more will not be eligible for financial assistance absent extraordinary circumstances;
- Applicants with gross household income from all sources (as above) of at least \$75,000 but less than \$100,000 will be considered for financial assistance not to exceed 40% of the applicant's financial obligation to The Jewish Center;
- Applicants with gross household income from all sources (as above) of at least \$30,000 but less than \$75,000 will be considered for financial assistance not to exceed 80% of the applicant's financial obligation to The Jewish Center;
- Applicants with a gross household income from all sources (as above) of less than \$30,000 **or Senior Members whose sole source of income is Social Security** will be considered for financial assistance of 100% of the applicant's financial obligation to The Jewish Center. However, applicants who receive complete assistance are expected to make a donation to The Jewish Center of at least \$100 per adult living in the applicant's household.

I have read the above and understand the Remissions Policy of the Jewish Center. By my signature, I am certifying that the information I have provided is complete and accurate. I agree to notify the Financial Secretary should any information materially change.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

For Office Use:

Item	Billed Amount	Remission Amount	Adjusted Amount
Past Due Balance			
Membership Dues			
Capital Assessment			
Religious School Tuition			