



## Financial Assistance Application

*Please Print or Type*

This application is to be completed in full with required supporting documents attached. The information in the application will be held as strictly confidential.

I declare that the information provided in this form and all additional documentation required is to the best of my knowledge true, correct, and complete. I understand that any financial assistance offered to me may be revoked in the event of misrepresentation or change in circumstance.

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Co-applicant Signature and Date

Return completed application to:  
Robbie Fried, Membership Director  
Kaplen JCC on the Palisades  
Taub Campus  
411 East Clinton Avenue  
Tenafly, NJ 07670

### Required Attachments

The following documents must accompany the Financial Aid Application. Failure to submit these may result in delay or denial of the application. Please check off each item that you have included:

- ☐ A written explanation of your current situation (on a separate page)
- ☐ Most recent completed federal tax return (both parents if applicable)
- ☐ Last two pay stubs (both parents if applicable)
- ☐ Proof of unemployment compensation (if applicable)
- ☐ Applications for JCC programs and membership (if not previously turned in)
- ☐ Copy of divorce decree (if applicable- %of child care costs for which each parent is responsible)

### Personal Information

#### Applicant

Applicant's (adult) Title: \_\_\_\_\_ Name: \_\_\_\_\_ Gender (Please circle): Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_

Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other \_\_\_\_\_

#### Spouse/Partner/Other

Applicant's (adult) Title: \_\_\_\_\_ Name: \_\_\_\_\_ Gender (Please circle): Male Female

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_

Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other \_\_\_\_\_

#### Children (under age 25) in Household:

Name	Living at home?	Relationship to Applicant	Age	Grade	JCC Program (Requesting Aid for)
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## General Questions

Are you currently a Kaplen JCC member? \_\_\_\_\_ If so, are you currently receiving financial assistance? \_\_\_\_\_

Have you ever been a Kaplen JCC member? \_\_\_\_\_

Have you recently arrived from another country? \_\_\_\_\_ If so, where from and when? \_\_\_\_\_

Have you recently moved here from another city/state? \_\_\_\_\_ If so, where from and when? \_\_\_\_\_

## Employment

### Applicant

Applicant's (adult) Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_ Years with current company: \_\_\_\_\_

Are you currently receiving unemployment or disability insurance? \_\_\_\_\_

### Spouse/Partner/Other

Applicant's (adult) Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_ Years with current company: \_\_\_\_\_

Are you currently receiving unemployment or disability insurance? \_\_\_\_\_

## Financial Information

### Other Financial Assistance

Please list other organizations, schools, or camps for which you have requested or receive financial assistance:

<u>Program</u>	<u>Cost of Program</u>	<u>Amount Received</u>
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The amount you feel you are able to pay (**MUST** be completed to be considered for assistance):

Membership:        \$ \_\_\_\_\_

Day Camp:         \$ \_\_\_\_\_

Nursery School:    \$ \_\_\_\_\_

Other:                \$ \_\_\_\_\_ Specify Program: \_\_\_\_\_

## Financial Information continued

### Annual Income (applicant and co-applicant)

	Current Year (Yearly Estimate)	Last Year (Yearly Actual)
Salary and Bonuses:	\$ _____	\$ _____
Spouse/Partner Salary and Bonuses:	\$ _____	\$ _____
Dividends and Interest (Total from all sources):	\$ _____	\$ _____
Capital Gains:	\$ _____	\$ _____
Other Investment Income:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
All Business Income/ Profit:	\$ _____	\$ _____
All Non-Taxable Income:	\$ _____	\$ _____
Alimony/ Child Support (From non-custodial parent):	\$ _____	\$ _____
Pension/Disability/ RA/ Unemployment:	\$ _____	\$ _____
All other income sources:	\$ _____	\$ _____

### Assets:

Liquid Assets:       \$ \_\_\_\_\_

Cash:                   \$ \_\_\_\_\_

Marketable Securities: \$ \_\_\_\_\_

Non-Liquid Assets:   \$ \_\_\_\_\_

Stocks and Bonds fair market value:  
\$ \_\_\_\_\_

Primary Residence Current Market Values:  
\$ \_\_\_\_\_ Year Purchased \_\_\_\_\_

Amount of Mortgage at Time of Purchase:  
\$ \_\_\_\_\_

Second Residence Current Market Value:  
\$ \_\_\_\_\_

### Business Assets:

Name of Business:  
\_\_\_\_\_

Nature of Business:  
\_\_\_\_\_

Gross Revenue (Last Year):  
\$ \_\_\_\_\_

Net Revenue (Last Year):  
\$ \_\_\_\_\_

## Financial Information continued

### Annual Expenses (applicant and co-applicant)

	Current Year (Yearly Estimate)	Last Year (Yearly Actual)
Rent or Mortgage (Interest and principle):	\$ _____	\$ _____
Real Estate Taxes:	\$ _____	\$ _____
Utilities:	\$ _____	\$ _____
Income Taxes (Net after refund):	\$ _____	\$ _____
Alimony/Child Support:	\$ _____	\$ _____
Insurance (Home, life, auto, medical):	\$ _____	\$ _____
Medical/Dental (Expenses not covered by insurance):	\$ _____	\$ _____
Year/Make Automobile (1): _____		
Auto Payment (1):	\$ _____	\$ _____
Year/Make Automobile (2): _____		
Auto Payment (2):	\$ _____	\$ _____
Private School Tuition (Less assistance received):	\$ _____	\$ _____
Other Loan Payments:	\$ _____	\$ _____
Living expenses (Food, clothing, etc.):	\$ _____	\$ _____

#### Additional Monthly Expenses:

Please explain any additional expenses or special circumstances:

Child Care/ Domestic Help: \$ \_\_\_\_\_

Vacation Expenses: \$ \_\_\_\_\_

Commuting Expenses: \$ \_\_\_\_\_

Congregational Dues: \$ \_\_\_\_\_

Congregation Affiliation:  
\_\_\_\_\_

#### Other Circumstances:

Please describe any additional recent expenses (examples: dependent with special needs, recent major family celebrations, recent family death, major home repairs, etc.).

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If you require additional assistance, you may be interested in contacting the following **Community Resources:**

**Employment Services:**

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

Project Ezra: (201) 569-9047

One Stop Career Center: (201) 329-9600

**Food Stamps/Temporary Financial Assistance:**

Bergen County Board of Social Services: (201) 368-4200

**Food Pantries:**

Shearit Haplate, Kosher Food Bank: (225) 366-8383

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

Center for Food Action: (201) 569-1804

Helping Hands: (201) 715-5179

**Elder Care Resources:**

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

ADRC (Aging and Disability Resource Center/Bergen County): (877) 222-3737

Bergen County Division of Senior Services: (201) 336-7400

**Legal Services:**

Legal Services of New Jersey: (888) 576-5529

**Mental Health:**

Jewish Family Service of Bergen & North Hudson: (201) 837-9090

Vantage Health Systems: (201) 567-0500