



REQUEST FOR SPECIAL FINANCIAL CONSIDERATION

Attach evidence of income such as pay stubs if you are requesting more than \$1,000 in total assistance.

CONFIDENTIAL

PLEASE PRINT

NAME (Adult #1) _____ AGE _____

NAME (Adult #2) _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____

RENT PER MONTH _____ OR MORTGAGE PAYMENT PER MONTH _____

If mortgage payment does not include property taxes, indicate property tax payment _____

OCCUPATION (Adult #1)

OCCUPATION (Adult #2)

NAME OF COMPANY

NAME OF COMPANY

LENGTH OF EMPLOYMENT

LENGTH OF EMPLOYMENT

GROSS PAY OF ADULT #1 PER MONTH _____ NET TAKE HOME PAY _____

GROSS PAY OF ADULT #2 PER MONTH _____ NET TAKE HOME PAY _____

OTHER INCOME:

BONUS OR COMMISSIONS \$ _____

CHILD SUPPORT \$ _____

ALIMONY \$ _____

SOCIAL SECURITY \$ _____

OTHER ASSETS:

SAVINGS ACCOUNTS \$ _____

STOCKS \$ _____

OTHER INVESTMENTS \$ _____

NUMBER OF DEPENDENTS _____

DO YOU OWN REAL ESTATE OTHER THAN YOUR HOME? ____ YES ____ NO

IF SO, INDICATE VALUE: \$ _____

MAKE OF AUTOMOBILES: _____ YEAR _____ Owned Leased
_____ YEAR _____ _____

CHILDREN WHO WILL BE ATTENDING SCHOOL AT TEMPLE BETH HILLEL:

ECE

BHDS

RELIGIOUS SCHOOL

1. _____	AGE _____	1. _____	AGE _____	1. _____	AGE _____
2. _____	AGE _____	2. _____	AGE _____	2. _____	AGE _____
3. _____	AGE _____	3. _____	AGE _____	3. _____	AGE _____

SECULAR SCHOOL(S) PRESENTLY ATTENDING: _____

HAVE YOU EVER APPLIED FOR SPECIAL FINANCIAL CONSIDERATION IN THE PAST? IF SO, WHEN? _____

HAVE YOU LOST YOUR JOB? _____
WAS THERE A DEATH OR MAJOR ILLNESS IN LAST 6 MONTHS? _____
DO YOU HAVE MAJOR MEDICAL BILLS THIS YEAR (AMOUNT OUT OF POCKET)? _____

PLEASE DESCRIBE ANY EXTRAORDINARY EXPENSES OR EXTENUATING CIRCUMSTANCES:

BASED ON YOUR CIRCUMSTANCES, HOW MUCH CAN YOU AFFORD TO PAY PER MONTH? _____

(Please note; if this is the fourth year of request, please include the most current copy of your tax return.)

THIS FORM COMPLETED BY : _____ Date _____

FOR OFFICE USE ONLY

<u>REGULAR DUES/FEES</u>	<u>COMMITTEE DECISION</u>
DUES: _____	_____
SECURITY FEE: _____	_____
FACILITY FEE: _____	_____
URJ : _____	_____
RELIGIOUS SCHOOL: _____	_____
ECE: _____	_____
BHDS: _____	_____

NOTIFIED FAMILY
 ENTERED