



**York Jewish  
Community Center**

**MEMBERSHIP FINANCIAL  
ASSISTANCE APPLICATION**

**JCC Mission Statement**

*Our mission, as a premiere Jewish Community Center, is to strengthen and preserve Jewish culture, promote respect for diversity, support the State of Israel and World Jewry, and enhance the well-being of our members and the communities we serve through cultural, educational, recreational, social, wellness and child development opportunities.*

**APPLICANT**

DATE RECEIVED:

FIRST NAME:

MI:

LAST NAME:

STREET ADDRESS:

P.O. BOX / APT NO:

CITY:

STATE:

ZIP CODE:

HOME PHONE:

WORK PHONE:

EMAIL ADDRESS:

CURRENTLY A JCC MEMBER?  YES  NO

DATE OF APPLICATION:

MONTHLY AMOUNT YOU CAN PAY: \$

**CONDITIONS for FINANCIAL ASSISTANCE**

- The York Jewish Community Center is a not-for-profit United Way member agency offering programs and services regardless of race, color, sex, age, veteran status, marital status, sexual preference, national origin, religion, disability or any other characteristic protected by law.
- The JCC does not renew financial assistance packages automatically. Participants must submit a new application each year for membership, in the spring for summer camp and late summer for the school year.
- The JCC maintains strict confidence on all applications. All materials are kept in strict confidence. We may request additional information to clarify an application.
- If your financial situation changes (i.e. you become employed, your employer changes, change in marital status, etc.) you MUST notify us of all changes so that we can update your file.
- The JCC reserves the right to modify our agreement at any time, based on the changing financial situations of the applicant and/or the JCC or for any other reason.

**OFFICE USE ONLY**

**NOTES**

JOIN DATE:

FA MEETING DATE:

PAYMENT: \$

PAYMENT METHOD:

UNITED WAY SURVEY:

RENEWAL:

INCOME:

RACE:

**HOUSEHOLD INFORMATION:** ALL individuals residing at listed address MUST provide income documentation.  
 (Ethnicity = Asian, American Indian/Alaska native, Black/African American, Hispanic/Latino, White, Other)

NAME	BIRTH DATE	RELATIONSHIP	ETHNICITY	ANNUAL GROSS INCOME
				\$
				\$
				\$
				\$
				\$
				\$
<b>TOTAL ANNUAL INCOME</b>				\$

MONTHLY HOUSEHOLD INCOME*		MONTHLY HOUSEHOLD EXPENSES	
Gross Income Wages	\$	Mortgage / Rent	\$
Social Security and/or Pension	\$	Car Make / Model / Year:	
Alimony and/or Child Support	\$	Extraordinary Medical	\$
Interest / Dividends	\$		
Unemployment	\$		
DPW Assistance (Food Stamps)	\$		
Worker's Compensation	\$		
Any other source of income	\$		
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>X 12 MONTHS = TOTAL ANNUAL INCOME</b>	<b>\$</b>

**\*\*\*FAILURE TO DISCLOSE ALL FORMS OF INCOME MAY RESULT IN THE LOSS OF ANY FINANCIAL ASSISTANCE\*\*\***

**ALL REQUIRED DOCUMENTATION:**

<input type="checkbox"/> Paystubs (one-month of current pay stubs)	<input type="checkbox"/> Statement of Unemployment Benefits
<input type="checkbox"/> Most recent Federal Tax Return (required)	<input type="checkbox"/> DPW Statement (from case worker)
<input type="checkbox"/> Social Security – Pension or Benefit Notification	<input type="checkbox"/> Worker's Compensation Statement of Benefit
<input type="checkbox"/> Child / Spousal Support – Domestic Relations Statement	

**SPECIAL CIRCUMSTANCES**

Are there any special circumstances of which we should be aware of?

*I declare that all of the information contained in the form is correct and complete to the best of my knowledge. I understand that I am responsible for paying all balances by agreed upon date and reporting any increases or decreases in my or my family's income to the Financial Assistance Manager immediately.*

APPLICANT SIGNATURE:

DATE:

