

STROUM JEWISH COMMUNITY CENTER

REQUEST FOR FINANCIAL ASSISTANCE

Thank you for your interest in the Stroum Jewish Community Center. Our goal is to ensure that no one is denied the opportunity to access the services we provide solely due to lack of ability to pay. 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

Step 1: In order to determine whether you have a median income at or below the levels on the annual household income chart (below), please complete the Household Income Worksheet on page two. You will use your 2009 Federal Tax Return to complete this worksheet, so please make sure you have it available.

Step 2: In the 2010 Estimate column, fill in the boxes with your estimates for the entire year.

Step 3: Total amounts for each column in boxes A1 and A2.

Step 4: Determine the number of people in your household. Use the chart below to determine the median income for a family in King County 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 \$77,900.

Step 5: Divide A1 by B1 and put in C1. Divide A2 by B2 and put in C2. This is your percentage of median income.

- **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 situation changes and you become eligible in the future, you may file an application at that time.

Annual Household Income, not more than:

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$45,600	\$52,080	\$58,640	\$65,120	\$70,320	\$75,520	\$80,720	\$85,920

II. APPLYING FOR ASSISTANCE

Once you have determined that you are eligible to apply for financial assistance, please continue to complete the Application, including the Application Page, or page one. List all the members of your household (the total should match the number used to determine eligibility) and give birthdates for anyone under 21 years old. Make sure you sign and date the application.

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. If you include your e-mail address we will notify you as soon as a decision is made.

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

Beth Rosen
SJCC Account Services 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.

The first consideration for financial aid will be made by the SJCC for all applications received as of April 30, 2010. Thereafter, all completed 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. You have 15 days from notification to provide written acceptance of your financial aid to SJCC Account Services Manager Beth Rosen. After 15 days, unaccepted financial aid applications will be cancelled. When all funds available for financial aid have been allocated, we will post a notice on the SJCC web site.

CHECKLIST

- No outstanding obligations with the Stroum Jewish Community Center
- Household Income Worksheet (income less than or equal to median income)
- 2009 Federal Income Tax Return
- Application for Financial Assistance
- Household Expense Worksheet
- Pay stubs
- Program application (membership, Early Childhood Education, SJCC Summer Camp, etc.)

**Stroom Jewish Community Center
Application for Financial Assistance**

Family Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cellular Phone () _____

Email _____

Financial Assistance is available for:

- SJCC Membership Early Childhood Tuition Youth and Recreation Camps Kidstown

HOUSEHOLD MEMBERS

Name	Birthdate

**PLEASE BE ASSURED THAT ALL FINANCIAL INFORMATION WILL BE KEPT STRICTLY
CONFIDENTIAL**

Limited funds are available for financial assistance. A household must be at or below the median income, as defined by King County, for its size to be eligible for assistance. The SJCC prioritizes eligible requests according to the needs of each household and considers extenuating circumstances as well as income and expense. Financial assistance will vary according to demonstrated need not to exceed 25% of program fees.

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

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

HOUSEHOLD INCOME		2009 Actual	2010 Estimate
Wages, salaries, tips, etc.	1040 (7)		
Interest			
Taxable	1040 (8a)		
Tax-exempt	1040 (8b)		
Dividends			
Taxable	1040 (9a)		
Tax-exempt	1040 (9b)		
State & local tax refunds	1040 (10)		
Alimony received	1040 (11)		
IRA distributions	1040 (15a)		
Pensions and annuities	1040 (16a)		
Unemployment compensation	1040 (19)		
Social Security benefits	1040 (20a)		
Other income	1040 (21)		
Business income	1040 Sch. C (7) or Sch. C-EZ (1)		
Capital gain or loss			
Total short-term sales price amounts	1040 Sch. D (3d)		
Short-term gain	1040 Sch. D (4f)		
Short-term gain from partnerships, etc.	1040 Sch. D (5f)		
Total long-term sales price amounts	1040 Sch. D (10d)		
Long-term gain	1040 Sch. D (11f)		
Long-term gain from partnerships, etc.	1040 Sch. D (12f)		
Capital gain distributions	1040 Sch. D (13f)		
Rental real estate, royalties, partnerships, etc.			
Rents received	1040 Sch. E (3)		
Royalties received	1040 Sch. E (4)		
		A1	A2
TOTAL HOUSEHOLD INCOME			
<input type="text"/> Number of adults & children in household		B1	B2
MEDIAN INCOME FOR NUMBER IN HOUSEHOLD (from chart)			
		C1(A1/B1)	C2(A2/B2)
PERCENTAGE OF MEDIAN INCOME (divide A1 by B1, A2 by B2)			

If C2 is less than or equal to 1.0 and C1 is greater than 1.0, attach a separate sheet explaining the decrease in income.

If you did not file a 2009 Federal Income Tax Return, please explain below.

**Strom Jewish Community Center
Application for Financial Assistance
Household Expense Worksheet**

HOUSEHOLD EXPENSE **2009**
Previous Month **Total Year**

HOUSING

- Rent
- Mortgage
- Electricity
- Gas
- Water/Sewer
- Garbage/Recycling
- Telephone
- Cellular service
- Cable/Satellite TV
- Insurance

TRANSPORTATION

- Car Loan/Lease payment
- Car Insurance
- Fuel/maintenance
- Public transportation

MEDICAL

- Medical and Dental insurance premiums
- Co-pay amount
- Recurring prescriptions

For major medical/dental treatment not covered by insurance, please describe nature of treatment and attach documentation for amounts paid.

**Strom Jewish Community Center
Application for Financial Assistance
Household Expense Worksheet**

HOUSEHOLD EXPENSE	Last Month	2009 Total Year
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SCHOOL/DEPENDENT CARE

School or Provider			
Name of Participant			
Tuition/Fee			
School or Provider			
Name of Participant			
Tuition/Fee			
School or Provider			
Name of Participant			
Tuition/Fee			
School or Provider			
Name of Participant			
Tuition/Fee			

DEBT

Creditor			
Account/Loan Number			
Monthly Payment			
Creditor			
Account/Loan Number			
Monthly Payment			
Creditor			
Account/Loan Number			
Monthly Payment			
Creditor			
Account/Loan Number			
Monthly Payment			
Creditor			
Account/Loan Number			
Monthly Payment			
Creditor			
Account/Loan Number			
Monthly Payment			

**Strom Jewish Community Center
 Application for Financial Assistance
 Household Expense Worksheet**

**HOUSEHOLD EXPENSE
 OTHER EXPENSES**

**Last Month 2009
 Total Year**

ASSETS INFORMATION (as of the last date of previous month)

DESCRIPTION	VALUE
Bank and investment – please list the name of the financial institution, type of accounts, name of stock/fund held	
Automobile – please list the year, make and model	
Real Estate – Please list the address	

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

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		