

Membership Fee Reduction Application – 2018-19

for membership year July 1, 2018 – June 30, 2019

Please complete ALL information on this form. Applications **will not** be processed unless **all** requested information is provided and a complete copy of your most current Federal income tax return and copies of all W-2's are provided. Your application must be signed and dated.

To be eligible for a fee reduction, applicant's account must be up to date. Fee reductions are granted annually. **All information is kept in strict confidence.**

PLEASE PRINT

Name of Applicant: _____ SS#: _____

Spouse's Name (if applicable): _____

Address: _____ City: _____ Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email: _____

Marital Status: Married Widowed Separated Divorced Single

Dependent Children: (under age 25)

Name	Relationship to applicant	Age

Have you submitted your application for:

Family membership

Single Parent Family membership

Couple membership

Senior Individual membership
 (70 years of age or older)

Individual membership

Senior Couple membership
 (at least one member must be age 70 or older)

-OVER-

FINANCIAL INFORMATION: Please complete the following information request and submit this form along with the requested documentation. Applications **will not** be processed unless all requested information is provided.

Income:	Per 2017 tax return	Estimated for the 2018 year
Adjusted Gross Income		
Other untaxed income		
Child Support Received		
Social Security/Pension		
Total Income:		
Expenses:		
Mortgage/Rent		
Jewish Day School		
Other Loan Obligations		
Other Unusual Expenses (please explain below)		
Total Expenses:		
Assets:		
Balance cash, savings, & checking Investments (except family home), CD's, investments, etc.		

➔ Please provide any additional information that you think might be helpful in our evaluation. PLEASE PRINT. (Attach additional sheet(s) as necessary.)

I/We have enclosed (please check):

- _____ **Complete** copy of **2017** Federal (not State) tax return, **including W-2's**
 _____ Other documentation supporting reported revenue, e.g. Social Security income, welfare, food stamps, rent subsidies
 _____ Copy of Divorce Decree (if applicable for child support and/or alimony information)

I/We have answered the above questions to the best of my/our ability.

Signature

Date

Signature

Date

Please **mail** to: Mandell Jewish Community Center, 335 Bloomfield Avenue West Hartford CT 06117 **Attn. Frank Resnick, Scholarship Consultant**
OR scan documents and **email: fresnick@mandelljcc.org**