

The Mittleman Jewish Community Center has limited funds available for those who require fee adjustments. The goal of the program is to assist families and individuals in making the MJCC and its programs affordable for them. We understand that asking for an adjustment on fees can be very difficult. We have tried to make this process as easy, confidential and as fair as possible.

In order to properly process your request; please provide the following items:

1. Cover letter – explaining your current situation
2. Current 1040 Income Tax Return – (Please copy it in its entirety)
3. Last two years W-2 forms
4. Last two monthly pay stubs
5. Fully completed financial aid application
6. Social Security Statement – If applicable

Requests will be prioritized according to the needs of each family/individual, and considers extenuating circumstances as well as income and expenses. Fee adjustments are good for one year. If additional assistance is needed after one year, a new application must be submitted.

You will be contacted as soon as your application is processed, please allow at least 1 week. Application for assistance is not a guarantee that aid will be granted. The MJCC reserves the right to modify adjustments during the year based on changing financial situations of the applicant and/or the MJCC.

If you have any questions please contact Beth Germain at: 503.244.0111, ext. 103.

MEMBERSHIP ASSISTANCE FORM

FEE ADJUSTMENT

Date: _____

Monthly amount I can pay: _____

MEMBER INFORMATION
Adult 1 Name: _____
Adult 2 Name: _____
Phone #: _____
Address: _____ _____
Email: _____
Dependent children: Name(s) _____ Age(s) _____

INCOME
Adult 1: Last year's wages, salaries, etc.: \$ _____
Adult 1: This year's <u>estimated</u> wages, salaries, etc.: \$ _____
Adult 1: Place of employment: _____
Adult 2: Last year's wages, salary, etc.: \$ _____
Adult 2: This year's <u>estimated</u> wages, salaries, etc.: \$ _____
Adult 2: Place of employment: _____

OTHER INCOME
___ Child Support: \$ _____
___ Alimony: \$ _____
___ Unemployment: \$ _____
___ Worker's Compensation: \$ _____
___ Interest/Dividend: \$ _____
___ Social Security: \$ _____
___ Pension: \$ _____
___ Aid to dependent children: \$ _____
___ Free lunch program: \$ _____
___ Other: \$ _____

COMBINED ASSETS
Savings accounts: \$ _____
Checking accounts: \$ _____
Vehicle(s), Make, year & Model: _____
Rental property: \$ _____
Home and other real estate: \$ _____

EXPENSES (Monthly)		
Monthly housing payment:	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	\$ _____
Medical:		\$ _____
Food:		\$ _____
Car expenses (Includes payment and Insurance):		\$ _____
Household expenses:		\$ _____
Education (Including loans):		\$ _____
Childcare:		\$ _____
Synagogue or other religious organization dues:		\$ _____
Utilities: (Attach most recent billings)		\$ _____
Day School:		\$ _____