JCC BUFFALO

Confidential Request for Fee Assistance

The goal of the Jewish Community Center of Greater Buffalo is to assist families and individuals in making programs affordable by providing a temporary economic bridge for those in need. The JCC has limited funds available for those who request fee assistance. These funds come from member donations and from other supporting agencies.

The application must be filled out completely. Your application will be returned to you if information is left blank or missing. IF INFORMATION DOES NOT APPLY, PLEASE WRITE N/A (NOT APPLICABLE) IN THAT SPACE.

IN ORDER TO PROCESS YOUR REQUEST,
YOU MUST PROVIDE ALL COPIES OF INCOME INFORMATION.
THE JCC WILL NOT MAKE COPIES OF THIS PAPERWORK!
PLEASE DO NOT SEND ORIGINALS AS THEY WILL NOT BE ACCEPTED OR RETURNED.

- **Current, signed income tax return. Please copy it in its entirety (all attachments) MANDATORY! (*Please note that self-employed individuals MUST attach a schedule C)***
- **W-2 forms or 1099s, most recent**
- **The last two current months of pay stubs for ALL working family members**
- **Supplemental Security Income verification (Social Security)**
- **Supplemental Security Disability verification**
- **Alimony/child support**
- **Verification of TANF; food stamps; Medicaid, Child Care Supplement**
- **Unemployment Statement (if receiving unemployment)**
- **Membership application (if applying for membership fee assistance)**
- **Program application (ex. Kids Place, Camp, Early Childhood if applying for program fee assistance)**
- **Other sources of income**

An application for assistance does not guarantee that funds are available or that you qualify for fee assistance. Please note that days, dates and/or times that you request may be adjusted according to availability for the Early Childhood Center, Kids Place, or Camp Centerland.

You will be contacted regarding your request by letter. Please note that fee adjustments are valid for up to one year, but the JCC reserves the right to make further adjustments if situations change. **Every 12 months, a new application must be submitted with updated documents if assistance is still needed.**

We have made this process as easy, confidential, and as fair as possible. A Fee Assistance Committee, appointed by the Jewish Community Center's Executive Director, will keep all knowledge of any fee assistance absolutely confidential. If you have any questions, please contact the Chairperson of the Fee Assistance Committee at (716) 688-4033 Ext. 306.

SECTION A – General Information

I am / we are applying for financial assistance for: **(please check appropriate boxes)**

Membership Categories –Membership is required for program fee assistance applicants (choose one only):

Are you currently a JCC member? ❑ Yes ❑ No Which location do/will you use most often? ❑ Benderson ❑ Holland

Do you know if you are eligible for membership benefits through your insurance (wellness card or Medicare coverage)? ❑ Yes ❑ No
If so, what are your benefits? _____

❑ Individual Adult (age 18-64) ❑ Couple ❑ Family ❑ Young Adult (age 14-17)
❑ College Student (full-time proof required) ❑ Senior Adult (individual 65+) ❑ Senior Couple

Programs: (The below programs MUST also have a copy of the registration form!)
❑ Early Childhood ❑ Camp ❑ Kids Place

Adult 1 Name_____ Date of Birth _____

Home Address_____ Zip Code_____

Tel Home_____Cell_____

E-mail Address_____May correspondence be by e-mail? Yes_____ No____

Occupation_____Firm Name_____Tel._____

Number of hours worked per week _____ Duration of job _____

If unemployed, please answer the following questions: Ending date of last job: _____

Reason for not working: _____
Marital Status: ❑ Married ❑ Single ❑ Divorced ❑ Widowed ❑ Separated ❑ Cohabiting

Spouse/Partner's Name_____ Date of Birth _____

Home Address_____Zip Code_____

Tel Home_____Cell_____

E-mail Address_____May correspondence be by e-mail? Yes_____ No____

Occupation_____Firm Name_____Tel._____

Number of hours worked per week _____ Duration of job _____

If unemployed, please answer the following questions: Ending date of last job: _____

Reason for not working: _____

Dependent Children

(1) _____ Date of Birth _____

(2) _____ Date of Birth _____

(3) _____ Date of Birth _____

Other persons living at home but not listed on previous page (list name, age and relationship)

_____

SECTION B – Services for which you are requesting a reduction in fees (Membership is required for all fee assistance applicants)

❑**Membership (REQUIRED)**	Amount you can pay per month	$_____
❑**Early Childhood**	Amount you can pay per month/per child	$_____
❑**Kids Place**	Amount you can pay per month/per child	$_____
❑**Camp Centerland**	Amount you can pay per week/per child	$_____
	Total	$_____

Do you now or have you ever had any unpaid charges with the Jewish Community Center of Greater Buffalo? ❑ Yes ❑ No

SECTION C – Income & Assets - please complete for yourself & spouse. Failure to fully disclose all income may result in application being denied. Please write n/a in all areas that do not apply. Must provide proof for all.

	Self	Spouse	Required Documents
Last Year's Wages, Salaries, etc. (as reported on last tax return)	$_____	$_____	☐ Current, signed income tax return. ☐ W-2 forms or 1099s, most recent ☐ Alimony/child support
Monthly Child support (current)	$_____	$_____	
Monthly Maintenance (current)	$_____	$_____	
Social Security/Social Security Disability (Monthly Payment)	$_____	$_____	☐ Supplemental Security Income verification ☐ Supplemental Security Disability verification
Monthly Unemployment	$_____	$_____	☐ Unemployment Statement
SNAP (monthly)	$_____	$_____	☐ Verification of TANF; food stamps; Medicaid, Child Care Supplement
HEAP (monthly)	$_____	$_____	
Monthly Unearned Income (Pensions, Dividends)/ Income from Other Sources (Rentals, Relatives)	$_____	$_____	☐ Other sources of income (This includes additional financial support from family, community, religions, organizations, etc.)
Current Year *Estimated* Income	$_____	$_____	

Home: Value $ _____ Mortgage Payment $_____ Rent Payment $_____ Own_____

Are you receiving financial assistance/scholarship from any other agency or educational institution? ❑ Yes ❑ No

If yes, from where specifically? _____

_____

SECTION D – Describe any extraordinary expenses or special circumstances. Information in addition to financial information gives the committee the ability to understand your circumstances better.

_____

_____

_____

Please answer the following questions:

Why do you want to be a member of the JCC?_____

_____

What programs do you anticipate using? (ex: pool, fitness classes, machines, free weights, etc.) _____

_____

SECTION E – Terms and Conditions:

1. Incomplete packets and poorly prepared packets will ***not*** be reviewed.
2. **Completed membership application included**
3. **Completed program application included (ex. Kids Place, Early Childhood, and Camp Centerland)**
4. All materials will be kept in strict confidence. Additional information may be requested.
5. After complete packets have been reviewed, applicants will be contacted by the JCC by mail.
6. Applicants may choose to pay in full by cash, check, or credit card, or set up a monthly payment plan. All recipients paying with a payment plan ***must*** secure payments with automatic withdrawal from a checking account or a credit card.
7. **Scholarships are not renewed automatically. New applications and supporting documents must be submitted each year.**

I hereby state that the information shown on this form and all supporting documentation is complete and correct to the best of my knowledge. I understand that if I accept the scholarship offered, I am responsible for paying all balances by the agreed upon date.

_____ _____

Applicant's Signature Date

Your information can be dropped off at either location or mailed to:

Fee Assistance Committee
Jewish Community Center of Greater Buffalo
2640 North Forest Road
Getzville, New York 14068