Jewish Community Center 500 Clubhouse Rd., Vestal, NY 13850 (607) 724-2417

Application for CAMP JCC 2017 Financial Assistance

Please fill out the following and attach the necessary documents (photocopies only). Submit completed application, copies of income verification, camp registration and deposit to the JCC Office. The Financial Assistance Committee reviews all applications and issues a determination based on applicant eligibility and availability of funds.

Name:	Date of Application				
Address:					
	Street		City	State	Zip
Home Phone:	Work Phone:			_ Cell: _	
Place of Employmen	t:	How long	How long employed there:		
Other household mer	mbers (spouse/chilo	dren/other):			
Name		Age	Relationship		Monthly Income
Have you applied for	DSS for assistance	e for this cont	ract'! yes no		
If yes, what was the	decision?				
Have you ever applie	ed for Financial Ass	sistance at the	e JCC before?	_yes	no
If yes, when					
Would you be willing	g to perform any vo	olunteer servi	ce yes	no	
If yes, what could yo	u do?				
Please itemize your n	nonthly household	income and e	expenses		
	Income			Exp	penses
Wage, Salaries, tips	\$	I	Rent / Mortgage	\$	
Unemployment			Utilities	\$	
Social Security	\$		Car / Insurance	\$	
Child Support			Alimony		
Aid to Dependents	\$		Child Support	\$	
401K / Retirement	\$		Medical		
Alimony	\$	(Other	\$	
Public Assistance	\$				
Rental Assistance Other	\$ \$				
Monthly Income	\$	I	Monthly Expenses	\$	

(over)

Other information that would have a bearing on this application:

Income Verification & Requirements	
Applicant must include the following for all ho	usehold members:
• A copy of your most recently filed IRS	tax return
 Copies of last two pay stubs 	
• SSI allocation statement (if applicable)	
Camp RegistrationCamp Deposit	
Camp Deposit	
If application is more than six months in advarage recent two pay stubs, two weeks prior to start	ance of contract start date, applicant must submit the most date for review of income status.
	c income guidelines. Any changes in income during the ancial Assistance Committee within 30 days**
Attestation Statement	
• • • • • • • • • • • • • • • • • • •	complete to the best of my knowledge. I understand that
	d a determination. I further understand that providing ne immediate retraction of assistance and will preclude me for a twelve month period.
Signature:	Date:
*************	***************
All information provided is confidential and wi assistance eligibility only.	ill be used for purposes of determining financial
Financial assistance is granted on a yearly bas	sis. You must reapply with each new contract year.
Applications are reviewed once a month. You application.	will be notified by mail as to the status of your
***********	*************
FOR OF	FFICE USE ONLY
Assistance Granted: \$	Recurrence:(weekly, monthly, annually, one-time)
Contract Period:	
Approved by:	Data
Approved by:	Date:

Denied (reason):_____