

**MIAMI BEACH JEWISH COMMUNITY CENTER
APPLICATION FOR PROGRAM FEE REDUCTION**

Note: All sections of this application must be completed in full. If any information is incomplete or missing, your application may not be considered. In addition, the following items must be furnished:

- **INDIVIDUAL INCOME TAX RETURNS** (Form 1040), for the past year, including schedules, W-2, 1099s, and K-1s.
- **CORPORATE INCOME TAX RETURNS** (Form 1120 or 1120-S) for the past year, if applicable.
- **END-OF-YEAR BANK** and/or **BROKERAGE STATEMENTS** for the previous year.
- **FLORIDA INTANGIBLE TAX RETURNS** for the past year, if applicable.

FAMILY INFORMATION

NAME: MEMBER #1 _____ MEMBER #2 _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____

Member #1	Member #2
Social Security _____ - _____ - _____	Social Security _____ - _____ - _____
Cell _____	Cell _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone _____	Work Phone _____

Do you have financial interest in any corporation(s): YES NO
 If yes, please name the corporation(s): _____

CERTIFICATION & AUTHORIZATION FOR FINANCIAL DISCLOSURE

I certify that all of the financial information submitted on this application form is accurate, and that I will inform the JCC of any change in the status which may occur during the year. I hereby authorize the Miami Beach JCC to make such credit inquiries as it deems necessary. I hereby direct any and all employers, banks, credit card companies, and credit reporting to the Miami Beach JCC, with out limitation, until this authorization is revoked in writing by the undersigned.

MEMBER #1	DATE	MEMBER #2	DATE
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PROGRAM REGISTRATION INFORMATION

Participant's Name	Program (list each separately)	Full Registration Fee
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

TOTAL AMOUNT OF FULL REGISTRATION FEE \$ _____

TOTAL REDUCTION YOU ARE REQUESTION \$ _____

OTHER FAMILY INFORMATION

CHILD: _____	Age: _____	School: _____	School Tuition _____
CHILD: _____	Age: _____	School: _____	School Tuition _____
CHILD: _____	Age: _____	School: _____	School Tuition _____
CHILD: _____	Age: _____	School: _____	School Tuition _____
CHILD: _____	Age: _____	School: _____	School Tuition _____
CHILD: _____	Age: _____	School: _____	School Tuition _____

TOTAL EDUCATION COSTS: \$ _____

Are you a single parent? YES _____ NO _____
If yes, what is your annual alimony and/or child support: _____

Do you have other sources of income/ support? YES _____ NO _____
If yes, describe _____

Do you provide support to other family members? YES _____ NO _____
If yes, describe _____

Do you have a maid, housekeeper or live-in help? YES _____ NO _____

How long and for what purpose did you last leave South Florida? _____

Please disclose any special medical expenses or liabilities: _____

Please disclose any other exceptional financial circumstances or considerations: _____

(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

FINANCIAL INFORMATION

<u>ASSETS</u>	<u>AMOUNT</u>
Cash on hand	\$ _____
Cash in the banks/ brokerage accounts	
Name of Bank/ Account.....	\$ _____
Name of Bank/ Account.....	\$ _____
Stocks/ Bonds/ Mutual Funds/ Notes	
Name of Account.....	\$ _____
Name of Account.....	\$ _____
Pension/ IRA Accounts	
Name of Account.....	\$ _____
Name of Account.....	\$ _____
Real Estate	
Personal Residence.....	\$ _____
Vacation Residence.....	\$ _____
Other (Describe) _____	\$ _____
Automobiles	
Make _____ Model _____ Year _____	\$ _____
Make _____ Model _____ Year _____	\$ _____
Personal Property	
Furniture.....	\$ _____
Home contents.....	\$ _____
Jewelry.....	\$ _____
Other (Describe) _____	\$ _____
Cash Value of Life Insurance	\$ _____
Other Assets (Describe) _____	\$ _____
 TOTAL ASSETS	 \$ _____

<u>LIABILITIES</u>	<u>AMOUNT</u>
Mortgage Loans	\$ _____
Home Equity Loans	\$ _____
Auto Loans	\$ _____
Installment Loans	\$ _____
Credit Card Balances	\$ _____
Name _____ Account # _____	
Name _____ Account # _____	
Name _____ Account # _____	
Unpaid Judgments or Liens (Describe) _____	
 TOTAL LIABILITIES	 \$ _____

(PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)

MONTHLY FAMILY INCOME

WAGES/ SALARY- MEMBER #1	\$ _____
WAGES/ SALARY- MEMBER #2	\$ _____
SELF- EMPLOYMENT INCOME	\$ _____
INTEREST & DIVIDEND INCOME	\$ _____
DISABILITY INCOME	\$ _____
PENSION BENEFITS	\$ _____
NET RENTAL INCOME	\$ _____
ALIMONY RECEIVED	\$ _____
CHILD SUPPORT RECEIVED	\$ _____
INSURANCE BENEFIT INCOME	\$ _____

OTHER (Describe) _____
OTHER (Describe) _____

TOTAL INCOME \$ _____

MONTHLY FAMILY EXPENSES

RENT PAYMENT	\$ _____
MORTGAGE PAYMENT	\$ _____
REAL ESTATE TAXES (if paid separately)	\$ _____
INSURANCE (if paid separately)	\$ _____
ALIMONY PAID OUT	\$ _____
CHILD SUPPORT PAID OUT	\$ _____
HEALTH INSURANCE	\$ _____
LIFE INSURANCE	\$ _____
AUTO PAYMENT	\$ _____
AUTO EXPENSES (insurance, gas, etc.)	\$ _____
CREDIT CARD/ LOAN PAYMENTS	\$ _____
UTILITIES (gas, electric, cable)	\$ _____
TELEPHONE	\$ _____
HOME REPAIRS/ MAINTENANCE	\$ _____
FOOD/ SUPPLIES	\$ _____
CLOTHING	\$ _____
HOUSEKEEPER/ NANNY	\$ _____
CHILD CARE	\$ _____
MEDICAL & DENTAL	\$ _____
SYNAGOGUE DUES	\$ _____
CHARITABLE DONATIONS	\$ _____
ENTERTAINMENT/ VACATION	\$ _____

OTHER (Describe) _____
OTHER (Describe) _____

TOTAL EXPENSES \$ _____

MIAMI BEACH JEWISH COMMUNITY CENTER FEE REDUCTION AGREEMENT & CONTRACT

We hereby enroll for the following programs:

Participant's Name	Program
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

We agree to pay fees for the above programs as follows:

Fees	\$ _____
Supplies	\$ _____
Other	\$ _____
Deposit Received	-\$ _____
Fee Reduction	-\$ _____
Other Discount	-\$ _____
Total Dues	\$ _____

THE MIAMI BEACH JEWISH COMMUNITY CENTER (hereinafter referred to as “the JCC”) has granted to _____ (hereinafter referred to as “the Family”) a fee reduction for _____ for the session beginning _____ and ending _____ in the amount of \$ _____.

This reduces the Family fee obligation to _____, which shall be payable at the rate of \$ _____ per month for _____ months, commencing on _____, and on the first day of each month thereafter until paid in full. All payments must be made in full prior to the conclusion of the session enrolled.

The JCC’s resources are very limited, and, consequently, if the Family’s financial circumstances improve during the term of the program session, the JCC reserves the right to re-evaluate the above fee reduction. If the JCC discovers that the Family has not fully and accurately disclosed its financial information, the fee reduction may be revoked and the Family will thereafter be responsible for paying the full amount of all fees and costs.

In the event the Family fails to pay its monthly payment prior to the third business day of the months, the JCC is entitled to charge a \$15 per month late fee. If the Family is unable to comply with the above payment schedule, they must notify the JCC, in writing, prior to any delinquency.

In the event the Family fails to pay its reduced fee obligation, the JCC shall be entitled to revoke all assistance and charge the full amount for all classes.

I hereby agree to the terms and conditions set for herein.

_____	_____	_____	_____
Member #1	Date	Member #2	Date