

Ramat Shalom רמת שלום

11301 West Broward Boulevard, Plantation, Florida 33325 • (954) 472-3600
Early Childhood & Torah School • (954) 424-3164 • Fax: (954) 472-3622

CONFIDENTIAL MEMBERSHIP DUES REDUCTION APPLICATION 2015-16

SUBMISSION DEADLINE: This application, together with ALL supporting documentation, MUST be received no later than **June 25, 2015**. **PLEASE NOTE** that even if you have received assistance in the past, a new application MUST be completed each year. This assistance request is for Membership Dues only.

SUPPORTING DOCUMENTATION: A complete copy of your 2014 **Form 1040 tax return, including W-2s, 1099s and a current paycheck stub** for all working members of the household must accompany this application. If you receive a **K-1 from a corporation or partnership of which you are a majority owner**, please supply the K-1 and a copy of the tax return for that entity. If you are on extension, please supply your 2013 tax return and a 2014 income statement. ALL pertinent documents must be supplied in order for your application to be reviewed.

CONFIDENTIALITY: The 4-member Dues Reduction Committee consists of our Financial Secretary, Treasurer, Membership Chair and Executive Director. We realize your application is very confidential. Ramat Shalom's Financial Secretary is the only member who reviews your documents. All documents are kept in a locked safe drawer to protect your privacy. We also request that you not discuss the details of your specific financial assistance offer. Everyone's is unique and difficult to compare.

DATE: _____

FAMILY NAME: _____

ADDRESS: _____

HOME PHONE: _____ FAX: _____

MEMBER ONE

MEMBER TWO

Member Name _____

Date of Birth _____

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

E-mail address _____

Children's names	Sex	Birthdate	School	Grade 2014-15
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will any of your children be attending Summer Camp in 2015? If so, please list child's name below with camp name, location and sessions attending. If your child is receiving scholarship, please indicate whether full/partial and the amount.

WAGES / INCOME/ INTEREST / DIVIDENDS

Salary: _____ \$ _____

Pension: _____ \$ _____

Alimony: _____ \$ _____

Support/family assistance: _____ \$ _____

Other Income - Explain: _____ \$ _____

ASSETS

Bank Accounts: Checking, Investment, Retirement, Roth, IRA, 401K, 403b, etc.

BANK/BROKERAGE NAME	TYPE OF ACCOUNT	AMOUNT as of submission date of this form
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you own a home? _____ Year of Purchase: _____

Purchase Price: _____ Current Value: _____

Mortgage Balance: _____ Last Real Estate Tax Amount: \$ _____

Please list Rental /Investment Property Owned _____

Are you receiving income from the above property? _____ Fair Market Value: \$ _____

Please list all owned or leased automobiles in your household:

OWN	LEASE	MAKE	YEAR	MODEL	MONTHLY PAYMENT
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	\$_____

Monthly Expenses

If another person is paying an expense on your behalf, please list it below
 AND also list it as "other income" in the
Wages/Income/Interest/Dividends section above.

Mortgage or Rent	\$_____	Auto Payment	\$_____
Food	\$_____	Insurance	\$_____
Utilities	\$_____	Clothing	\$_____
School Tuition	\$_____	Summer Camp	\$_____
Doctors and Medication	\$_____	Entertainment	\$_____
		Other	\$_____

Please indicate any extenuating circumstances that make it necessary for you to apply for this dues reduction. (Attach any supporting documentation)_____

I understand that my application will not be processed unless all requested information is complete and supporting documentation is submitted.

I declare that all information listed in this application is truthful and accurate. (Attach another sheet for any additional information you wish to provide.)

 Signature Date