



GORDON JEWISH COMMUNITY CENTER

FINANCIAL ASSISTANCE APPLICATION GUIDELINES

The Gordon Jewish Community Center is dedicated to serving the community, cultural, educational and recreational needs of Nashville and Middle Tennessee. Its programs and services are guided by Jewish values and are open to all, regardless of race, origin or religious affiliation. The GJCC offers assistance for those individuals who are in financial need.

Application Procedures

*information and documentation submitted is kept **strictly confidential***

Applications are assessed on a case by case basis and as such copies of the following documents must be attached to the application. Applications missing the requested documents will be considered incomplete. **Incomplete applications will not be considered.** Once the application has been reviewed the GJCC will send out a letter to explain any/all assistance granted and the amount that the applicant is responsible for after the assistance has been subsidized to pertaining fees. Financial Assistance does not renew automatically or carry over to all of your programs. Participants must submit new forms and application each year. If your financial situation changes (i.e. you become employed/unemployed, change in marital status) you must notify the business offices so they can make proper adjustments.

Eligibility for Application

- All prior GJCC membership accounts must be in good standing
- You must complete you membership application or be an active member
- All required supporting documentation is to be submitted with application
- Application must be filled out in it's ENTIRETY

Required Documentation:

- Applicant W2(s)
- Applicant's Spouse W2(s), if applicable
- Applicant's most resent Tax Returns
- Applicant's Spouse most resent Tax Returns, if applicable
- Two most current Pay Stub(s)
- Applicant's Spouse two most current Pay Stub(s), if applicable
- Child Support/Alimony documentation, if applicable
- Unemployment Statement, if applicable.

Explanation for any missing documentation:



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Date application received: _____

GORDON JCC
801 PERCY WARNER BLVD, NASHVILLE, TN 37205
(P) 615.356.7170 (F) 615.353.2659

FINANCIAL ASSISTANCE APPLICATION

Family Information

Applicant's First Name _____ Last Name _____

Contact Phone # _____ E-mail address _____

Currently a GJCC member? ___yes ___no

Jewish ___ Non-Jewish ___

Have you previously applied for Financial Assistance at the GJCC? ___yes ___no

Address _____ Own Rent

Marital Status single married separated divorced other _____

Spouse's First Name _____ Last Name _____

Contact Phone # _____ E-mail address _____

Others in Household:

Name (s)	Relationship	Age	School Grade	School/College/Employer
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Programs/Services for which you are seeking Financial Assistance:

- Membership Amount you can pay \$ _____
- Camp Amount you can pay \$ _____
- Preschool Amount you can pay \$ _____
- Aftercare Amount you can pay \$ _____



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DEADLINE FOR PRESCHOOL AND CAMP IS APRIL 1st.

DEADLINE FOR MEMBERSHIP FOR UPCOMING YEAR IS DECEMBER 1st.

Financial Information

Average Monthly Income:

1. Gross Salary (prior to deductions) and take home (after deductions):

<u>Family Member</u>	<u>Employer</u>	<u>Gross</u>	<u>Take Home</u>
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____
_____		\$ _____	\$ _____

2. Other Sources of Income:

a. alimony or child support	\$ _____
b. unemployment/workman's compensation	\$ _____
c. overtime/bonuses, commissions, etc	\$ _____
d. interest, dividends, rent, annuities, insurance	\$ _____
e. social security and/or pension	\$ _____
f. relatives/other (specify) _____	\$ _____

TOTAL MONTHLY INCOME GROSS (ADD 1 & 2) \$ _____

TOTAL MONTHLY INCOME TAKE HOME (AFTER DEDUCTIONS) \$ _____

LOANS

Please include a list of loans and indicate name of creditor, type (student, line of credit, credit card payments, car, other real estate, etc.) and maturity date.

MONTHLY PAYMENT AMOUNT	NAME OF CREDITOR	TYPE OF LOAN	MATURITY DATE	BALANCE YEAR END



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AUTOMOBILES OF THE RESPONSIBLE PARTIES

MAKE/MODEL	YEAR	MONTHLY PAYMENT	AMOUNT OWED (YEAR END)	LENGTH OF LEASE OR LOAN (Circle One)

ASSETS OF THE RESPONSIBLE PARTIES

NAME OF BANK	SAVINGS ACCOUNT BALANCE	CHECKING ACCOUNT BALANCE	MONEY MARKET ACCOUNT BALANCE	IRA/PENSION ACCOUNT BALANCE

REAL ESTATE OF THE RESPONSIBLE PARTIES

Include personal residence and any other real estate owned.

Please note which one is the primary residence.

ADDRESS	PURCHASE PRICE	DATE OF PURCHASE	CURRENT MARKET VALUE	MORTGAGE BALANCE YEAR END	MORTGAGE HOLDER



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Average Monthly Living Expenses:

Health: Doctor, Dentist	\$ _____	Prescriptions	\$ _____
Rent/Mortgage	\$ _____	Car Notes	\$ _____
Homeowner's Taxes/Insurance	\$ _____	Food/Household Supplies	\$ _____
Insurance: Auto	\$ _____	Clothing/Dry Cleaning	\$ _____
Life	\$ _____	Charity	\$ _____
Health	\$ _____	Club/Synagogue/Church dues	\$ _____
Cable/Internet	\$ _____	Entertainment	\$ _____
Utilities: Electricity	\$ _____	Newspapers/Magazines	\$ _____
Water	\$ _____	Maid/Housekeeper	\$ _____
Telephone	\$ _____	Cell Phone	\$ _____
Gas	\$ _____	Child Care/Babysitting	\$ _____
Alimony/Child Support	\$ _____	School Lunches	\$ _____
Gas	\$ _____	Dependent's Allowances	\$ _____
Vehicle Repair/Maintenance	\$ _____	Other _____	\$ _____
Retirement Contributions	\$ _____	TOTAL EXPENSES	\$ _____

If **Total Expenses** exceeds **Total Income** please explain how deficit is paid and provide supporting documentation: _____

Other family or additional information affecting assistance eligibility or amount:
(Attach letter if more space is needed)

****If the application is not filled out in its ENTIRETY, the application will be rejected****

My signature certifies that the above information is true and correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY

On file: aide application tax form(s) W2(s) other _____

Membership: _____yr	Camp: _____yr	Other _____: _____yr
full pymt \$ _____	full pymt \$ _____	full pymt \$ _____
aide amt \$ _____	aide amt \$ _____	aide amt \$ _____
to be paid \$ _____	to be paid \$ _____	to be paid \$ _____

Pre-School: _____yr	Aftercare: _____ yr	Approved by:
full pymt \$ _____	full pymt \$ _____	_____
aide amt \$ _____	aide amt \$ _____	_____
to be paid \$ _____	to be paid \$ _____	_____