

**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**

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

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

(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.**

_____	_____	_____	_____
<b>Member #1</b>	<b>Date</b>	<b>Member #2</b>	<b>Date</b>