



Jewish Federation of Greater Harrisburg

FINANCIAL ASSISTANCE APPLICATION

All information submitted on or with this application shall remain confidential. Questions? Call 236-9555 .

Applicant:

Name: _____ M F Birth Date: _____

Marital Status: Married/Partner Single Divorced Widowed Separated

Address: _____ City/State/Zip: _____

Home Phone: _____ Alternate Phone: _____

E-Mail: _____

Currently a JCC members? Yes No Date of application: _____

Requested Assistance:

Requested Assistance: Membership Camp Early Learning Center

Monthly amount you can pay: \$ _____

If requesting Child Care Assistance – have you also applied through Child Care Network? Yes No

Conditions for Financial Assistance:

- The Harrisburg JCC is a not-for-profit United Way member agency offering programs and services regardless of race, color, sex, age, veteran status, marital status, sexual preference, national origin, religion, disability, or any other characteristic protected by law.
- The JCC does not renew financial assistance packages automatically. Participants must submit a new application every 6 months.
- The JCC maintains strict confidence on all applications. All materials are kept in strict confidence. We may request additional information to clarify an application.
- If your financial situation changes (i.e. you become employed, your employer changes, change in marital status. Etc.) you MUST notify us of all changes so that we can update your file.
- The JCC reserves the right to modify our agreement at any time, based on the changing financial situations of the applicant and/or the JCC or any other reason.

Household Information:

Name	Birth Date	Relationship	Annual Gross Income



Monthly Household Income:

Gross income wages:	\$	
Social Security and/or pension:	\$	
Alimony or child support:	\$	
Interest/Dividends:	\$	
DHS assistance:	\$	
Workmen’s Compensation:	\$	
Any other source of income:	\$	
Total Monthly Income:	\$	x 12 Months = Total Annual Income: \$

Monthly Household Expenses:

Mortgage/Rent:	\$
Car Make/Model/Year:	
Extraordinary Medical:	\$

Failure to disclose all forms of income may result in the loss of any financial assistance.

Require Documentation: Attach copies of the following documents, where applicable.

- Pay stubs (one-month of current pay stubs)
- Statement of unemployment benefits
- Most recent federal tax return (required)
- DHS statement (from case worker)
- Social Security – Pension or benefit notification
- Workmen’s Compensation statement
- Child/Spousal Support

Note: Early Learning Center families must first apply to Department of Human Services at 233-8454.

Special Circumstances

Are there any special circumstances of which we should be aware?

I declare that all of the information contained in the form is correct and complete to the best of my knowledge. I understand that I am responsible for paying all balances by agreed upon date and reporting any increases or decreases in my or my family’s income to the JCC immediately.

Applicant’s Signature	Date
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Return all completed application and necessary paper work to Harrisburg JCC, Attention: Camp Director, 3301 N. Front Street, Harrisburg, PA 17110.

Office Use Only	Notes