



**Application for CAMP JCC 2020 Financial Assistance**

Please fill out the following and attach the necessary documents (photocopies only). Submit completed application, copies of income verification, camp registration and deposit to the JCC Office. The Financial Assistance Committee reviews all applications and issues a determination based on applicant eligibility and availability of funds.

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ How long employed there: \_\_\_\_\_

Other household members (spouse/children/other):

Name	Age	Relationship	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you applied for DSS for assistance for this contract?  yes  no

If yes, what was the decision? \_\_\_\_\_

Have you ever applied for Financial Assistance at the JCC before?  yes  no

If yes, when \_\_\_\_\_

Would you be willing to perform any volunteer service  yes  no

If yes, what could you do? \_\_\_\_\_

Please itemize your *monthly* household income and expenses

<b>Income</b>		<b>Expenses</b>	
Wage, Salaries, tips	\$ _____	Rent / Mortgage	\$ _____
Unemployment	\$ _____	Utilities	\$ _____
Social Security	\$ _____	Car / Insurance	\$ _____
Child Support	\$ _____	Alimony	\$ _____
Aid to Dependents	\$ _____	Child Support	\$ _____
401K / Retirement	\$ _____	Medical	\$ _____
Alimony	\$ _____	Other	\$ _____
Public Assistance	\$ _____		
Rental Assistance	\$ _____		
Other	\$ _____		
<b>Monthly Income</b>	<b>\$ _____</b>	<b>Monthly Expenses</b>	<b>\$ _____</b>

Other information that would have a bearing on this application:

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**Income Verification & Requirements**

Applicant must include the following for all household members:

- A copy of your most recently filed IRS tax return
- Copies of last two pay stubs
- SSI allocation statement (if applicable)
- Camp Registration
- Camp Deposit

If application is more than six months in advance of contract start date, applicant must submit the most recent two pay stubs, two weeks prior to start date for review of income status.

**\*\*Financial assistance is granted based specific income guidelines. Any changes in income during the contract period must be submitted to the Financial Assistance Committee within 30 days\*\***

**Attestation Statement**

I certify that the above information is true and complete to the best of my knowledge. I understand that incomplete or missing information will suspend a determination. I further understand that providing false or misleading information will result in the immediate retraction of assistance and will preclude me from applying for any assistance from the JCC for a twelve month period.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*All information provided is confidential and will be used for purposes of determining financial assistance eligibility only.*

*Financial assistance is granted on a yearly basis. You must reapply with each new contract year.*

*Applications are reviewed once a month. You will be notified by mail as to the status of your application.*

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**FOR OFFICE USE ONLY**

Assistance Granted: \$ \_\_\_\_\_

Recurrence: \_\_\_\_\_  
(weekly, monthly, annually, one-time)

Contract Period: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Denied (reason): \_\_\_\_\_