



JEWISH COMMUNITY CENTER OF ALLENTOWN  
702 N. 22<sup>ND</sup> ST. Allentown, PA 18104  
610.435.3571  
www.lvjcc.org

**CONFIDENTIAL REQUEST FOR ADJUSTED FEE**

Thank you for your inquiry regarding financial assistance at the JCC. Please complete and submit the **form** below along with your **most recent IRS 1040 tax return or a copy of your social security letter**, along with a **letter explaining the need for assistance** as soon as possible for earliest confidential review. Fee adjustments are for current program registration. You must re-apply for adjusted fees each year.

Applicant Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other \_\_\_\_\_

Applicants Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Dependents (relationship & age):  
\_\_\_\_\_  
\_\_\_\_\_

List other income:

Pension \_\_\_\_\_ Support payments \_\_\_\_\_ Investments \_\_\_\_\_

Annual family income from all sources \_\_\_\_\_ Other \_\_\_\_\_

Current Balances: Savings \_\_\_\_\_ Bank \_\_\_\_\_

Savings \_\_\_\_\_ Bank \_\_\_\_\_

Monthly Rent/Mortgage: \_\_\_\_\_

List any membership(s) to social/recreational or religious organization:

Name \_\_\_\_\_ Dues \_\_\_\_\_

Name \_\_\_\_\_ Dues \_\_\_\_\_

Name \_\_\_\_\_ Dues \_\_\_\_\_

Are you receiving a reduced fee from any other organization(s)? If yes, please list.

Name \_\_\_\_\_ Fees \_\_\_\_\_

Name \_\_\_\_\_ Fees \_\_\_\_\_

What school(s) do your children attend?

Name \_\_\_\_\_ Tuition \_\_\_\_\_

Name \_\_\_\_\_ Tuition \_\_\_\_\_

Name \_\_\_\_\_ Tuition \_\_\_\_\_

Current unusual expenses:

Medical \_\_\_\_\_ Support from other relatives \_\_\_\_\_

Alimony \_\_\_\_\_ Special Education \_\_\_\_\_ Other \_\_\_\_\_

Please describe any special circumstances which affect your ability to pay the regular fee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the total amount you feel that you can pay per month? \_\_\_\_\_

I understand that the Jewish Community Center of Allentown may verify the information provided above from third parties.

Primary Name \_\_\_\_\_ Date \_\_\_\_\_

Secondary Name \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Action taken: \_\_\_\_\_

( ) Membership Category: \_\_\_\_\_

( ) Other: \_\_\_\_\_

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