



**JEWISH COMMUNITY CENTER OF ALLENTOWN**

702 N. 22<sup>ND</sup> STREET ALLENTOWN, PA 18104

610.435.3571

[WWW.LVJCC.ORG](http://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** to Tracy Sussman, Director of Marketing and Membership Services as soon as possible for earliest confidential review. Fee adjustments are for 1 year of membership. You must re-apply for adjusted fees each year of your membership. Thank you for your cooperation and understanding.

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

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business: ( ) \_\_\_\_\_ - \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Other

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

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

Dependents (Relationship and 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 organizations:

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 schools(s) do your children attend?

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

Current unusual expenses:

Medical: \_\_\_\_\_ Support for other relatives: \_\_\_\_\_  
Alimony: \_\_\_\_\_ Special Education: \_\_\_\_\_ Other: \_\_\_\_\_

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

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

What is the total amount you can pay every month? \_\_\_\_\_  
\_\_\_\_\_

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

Primary Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Secondary Name: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Action Taken: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

MEMBER RESPONSE

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

Not Accepted:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_