



request for fee adjustment

Adult #1

Adult #2

Name _____
 Preferred phone _____
 Email address _____

Name _____
 Preferred phone _____
 Email address _____

Home address _____
 How long at this address? _____

City/State/ZIP _____ / ____ / _____
 Rent Own

Employer _____
 Occupation _____
 Length of time on job _____
 Single Married Widowed Divorced Separated

Employer _____
 Occupation _____
 Length of time on job _____
 Single Married Widowed Divorced Separated

If divorced or separated, who has legal custody of children? _____

Dependents

Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____

Others living in household _____

Confidential Family Income Information

Annual Income

1) Net (take-home) wages (includes overtime, bonuses, commissions, etc.):

Applicant \$ _____
 Spouse \$ _____

2) Additional income:

- a) Alimony and child support \$ _____
- b) Worker's compensation/unemployment or disability \$ _____
- c) Interest, dividends, rent, annuities, insurance \$ _____
- d) Social Security/AFDC/pension \$ _____
- e) Relatives \$ _____
- f) Other (specify) _____ \$ _____

Total Other Income \$ _____

Grand Total of Annual Income \$ _____

Note: Tax return information required. Please attach copy of last year's tax return (1040).

Arthur M. Glick JCC
 6701 Hoover Road | Indianapolis, IN 46260
 317.251.9467
 www.JCCindy.org

Average Monthly Expenses

- | | | | |
|-------------------------------------|----------|------------------------------|----------|
| a) Mortgage/rent | \$ _____ | g) Gasoline | \$ _____ |
| b) Utilities | \$ _____ | h) Medical/dental | \$ _____ |
| c) Food | \$ _____ | i) Miscellaneous | \$ _____ |
| d) Installment & credit obligations | \$ _____ | j) Childcare | \$ _____ |
| e) Alimony/child support | \$ _____ | k) Entertainment & vacations | \$ _____ |
| f) Automobile | \$ _____ | l) Clothing | \$ _____ |

List brand, year and model of autos you own: _____

Do you have any additional, unusually high expenses? Yes No

If yes, please explain _____

Verification:

IRS Form 1040 Yes No

W2 Yes No

Payroll slips Yes No

What is the amount you feel you can pay? _____

Why is it important to you to belong to the JCC? _____

Upon approval of adjusted fees, I/we affirm that the information shown here is accurate, and I/we agree to fulfill the agreement of payment schedules as noted below. I/we understand that fee adjustments are not automatically renewable and must be requested/reviewed annually.

Applicant's signature _____

Interviewer _____

Approved _____

Date _____

For Office Use

	Begins	Ends	Regular Fee	Adjusted Fee	Family to Pay Amount	Payment Plan Amount
Membership						
Preschool						
Daycare						
Camp						
Other _____						

Comments _____

