



# Congregation Beth Shalom

5303 Winters Chapel Road, Atlanta GA 30360  
phone 770.399.5300

Dear Applicant:

Enclosed please find the Financial Commitment Dues Review Application you requested. Our fiscal year runs from July to June.

**Only fully completed applications will be reviewed by the Dues Review Committee.** We realize that our review process asks for a significant amount of personal information, which can feel, at times, intrusive. Please know that this detail is absolutely necessary to ensure that we accurately identify every applicant's level of need and are able to provide as much assistance as possible.

In addition to the completed form please forward the following:

1. A **copy** of your most recent income tax return.
2. **Copies** of your most recent pay stubs.
3. **Copies** of any other supportive documentation.

All applications are reviewed by the Dues Review Committee in strictest confidence. Although funding is limited we want to assure you that the committee will be fair and confidential in their evaluations. Please send only **copies**; the committee cannot guarantee the return of your records.

Please forward you're completed forms and other documentation to:

Congregation Beth Shalom  
Bookkeeper - Confidential  
5303 Winters Chapel Road  
Atlanta, GA 30360

If you have any questions, please contact the synagogue office.

Sincerely,

Congregation Beth Shalom  
Dues Review Committee

Code: \_\_\_\_\_

**Congregation Beth Shalom  
Financial Commitment Dues Review Application**

Name: (Dr., Mr.) \_\_\_\_\_ (Dr., Mrs., Miss, Ms.) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date Joined Beth Shalom: \_\_\_\_\_

Family Composition:

Children:	Ages	Sunday/Religious School Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other dependents that you support:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer (Dr/Mr) \_\_\_\_\_ Position: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Compensation: \$ \_\_\_\_\_

Employer(Dr/Mrs/Miss/Ms): \_\_\_\_\_ Position: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Compensation: \$ \_\_\_\_\_

Service on Beth Shalom Committees or other volunteer work performed in last 12 months  
(Please describe or enter NONE. If none, please explain):

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Review is requested for the following obligations (*check one or more*):

- |   | <i>Amount of Current Obligation</i> |
|---|-------------------------------------|
| a. <input type="checkbox"/> Basic Dues:               | _____                               |
| b. <input type="checkbox"/> Religious School Tuition: | _____                               |
| c. <input type="checkbox"/> Building Fund:            | _____                               |
| d. <input type="checkbox"/> Other: _____*             | _____                               |

Describe why you are unable to pay the full amount for the above noted obligations (*continue on reverse side if needed*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I can pay a yearly total of \$\_\_\_\_\_, over \_\_\_\_\_ months. Total amount for each month to equal \$\_\_\_\_\_. This amount is for the following obligations:

\_\_\_\_\_

Total scholarship requested: \$\_\_\_\_\_ for the fiscal year 2010-2011  
 Total amount of deferred commitments requested \$\_\_\_\_\_. Please defer until \_\_\_\_\_.

Are you receiving financial assistance from any other institutions? \_\_\_\_\_

I (we) certify that the information provided in this application, and all attachments are true and correct. I (we) agree to notify the Administrative office of any major changes in our financial situation while we are meeting our reduced obligations.

\_\_\_\_\_  
*(signature)* *(date)* *(signature)* *(date)*

*\*Alefbet Preschool Tuition is not available for scholarship or relief.*

For Dues Review Committee Use Only

	Obligation Amt.	Scholarship Amt.	Balance Due
*Dues	_____	_____	_____
*Religious School	_____	_____	_____
*Bar/Bat Mitzvah	_____	_____	_____
*Building Fund	_____	_____	_____ or n/a or deferred
*Other _____	_____	_____	_____
*Other _____	_____	_____	_____
<b><u>Total</u></b>	<b>_____</b>	<b>_____</b>	<b>_____</b>

\*Total obligations as of \_\_\_\_\_ Date of meeting: \_\_\_\_\_

Income:

Salaries net \$ \_\_\_\_\_  
 Net proceeds from self employment \$ \_\_\_\_\_

Distributions from:

Partnerships \$ \_\_\_\_\_  
 Sub-S Corp. \$ \_\_\_\_\_

Estates:

Trusts \$ \_\_\_\_\_

Dividends (list source):

\_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_  
 Rents \$ \_\_\_\_\_  
 Royalties \$ \_\_\_\_\_  
 Alimony Received \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_

Voluntary Employee Salary Reduction/Pension Plan (TDA, 401K, etc.) \$ \_\_\_\_\_

Other (list)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

Code:

Expenses: \_\_\_\_\_

Mortgage/Rent \$ \_\_\_\_\_  
 2nd/Vacation \_\_\_\_\_  
 Home Mortgage\$ \_\_\_\_\_

Home Property Tax \$ \_\_\_\_\_

Home Insurance\$ \_\_\_\_\_

Home Utilities \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Auto Loan Payment \$ \_\_\_\_\_

Auto Insurance \$ \_\_\_\_\_

Gas & Oil \$ \_\_\_\_\_

Auto Repairs \$ \_\_\_\_\_

Medical Insurance \$ \_\_\_\_\_

Medical (not covered by insurance) \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Food/Household Ex\$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Alimony/Child Supp \$ \_\_\_\_\_

Other Loans (list)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Summer Camp \$ \_\_\_\_\_

Vacations \$ \_\_\_\_\_

Household Help \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Household Help \$ \_\_\_\_\_

Other List:

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

*INFORMATION REQUIRED*

Current Assets		\$	_____
Amount of cash in all bank accounts		\$	_____
Current value of stocks, bonds, and all other securities including money markets, CD's, etc.		\$	_____
Market value of other business assets (please include sole proprietorship, partnership interests, closely held corporate stock)		\$	_____
Value of retirement accounts ( 401K, IRA, Keogh)		\$	_____
Value of trust assets of which you are the beneficiary		\$	_____
Value of all rental property		\$	_____
Cash value of life insurance		\$	_____
Subtotal (add all of the above)		\$	_____
Total value of all other assets which are not listed above (please explain)		\$	_____
_____			
_____			
_____			
Total value of all assets (Add A & B)		\$	_____
Current Liabilities		\$	_____
Amount of Mortgage	1st	\$	_____
	2nd	\$	_____
Auto indebtedness outstanding		\$	_____
Total other indebtedness (please detail)		\$	_____
_____			
_____			
Total Liabilities		\$	_____
Total Net Worth (Subtract total liabilities from total assets)		\$	_____

How many vehicles do you own/lease? \_\_\_\_\_

Please list below:

YEAR	MAKE	MILEAGE	OWN/LEASE	MO/LOAN/LEASE PAYMENT
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_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Do you own your own home? \_\_\_\_\_

Year Purchased \_\_\_\_\_

Purchase Price \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Present market value of your home \_\_\_\_\_

Do you rent your home/apartment \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Do you live with parents or relatives? \_\_\_\_\_

If you have a child that will have a bar or bat mitzvah within the next two (2) years, indicate location where the reception is planned and if it will be scheduled during the afternoon or evening.

\_\_\_\_\_

\_\_\_\_\_

Please include in the space provided below any additional information you would like to be considered with your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_