



**Confidential Annual Application for Dues Consideration  
Fiscal Year July 1, 2017 - June 30, 2018**

Because we understand that for some families, Synagogue membership is too expensive, we ask that you complete this form so that we can adjust your financial commitment to be affordable for your family. Because we have so many congregants who need our help, and limited funds available, **please complete this application in full and return it to Samira Saidian our Accounts Receivable / Financial Relations Manager as soon as possible.** No application will be considered without the complete income tax documentation. Please be sure that we have your email address and phone number below so that we may call you if there are any questions. Your information will be kept confidential.

**Questions should be directed to Samira Saidian at [SSaidian@adatariel.org](mailto:SSaidian@adatariel.org).  
No Application Will Be Considered Without The Complete Income Tax Documentation.**

Adult Names: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Do you live in a:       House       Condo       Apartment

Do you Rent? If so, Monthly Rental \$ \_\_\_\_\_

Do you Own? If so, Mortgage Balance \$ \_\_\_\_\_ Home Value \$ \_\_\_\_\_

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

**Occupation:**

\_\_\_\_\_  
Person completing this form

\_\_\_\_\_  
2nd Adult in the Home

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

Age (Dues are based on Age): \_\_\_\_\_ Age (Dues are based on Age): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

How Long: \_\_\_\_\_ How Long: \_\_\_\_\_

F/T or P/T: \_\_\_\_\_ F/T or P/T: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Children:** Please list ALL Children under 18:

Name	Grade In 2017-18	Check which school they will attend		
		Adat Ari El DS ECC JLC	Other Private	Public

**Automobiles:** Please list all automobiles used by your family:

Make	Year	Model	Owned	Leased

Please Complete These Questions As Part of Your Application.

1. If your annual expenses are greater than your annual income, or it's close, please explain how your family makes it work makes it work.  
(Does yuour family help? Do you have savings? Do you have available ? etc.)

2. Do you see your financial circumstances changing in the coming year? Please explain. If you are currently unemployed, please let us know when you plan to return to work. Are you currently looking for work? Are the improvements in the economy helping to make it any easier? (You may continue on a separate page if necessary.)

3. Describe in detail the need or special circumstances that make your application necessary this year. Please provide us with any information that might help us evaluate your request. (You may continue on a separate page if necessary.)

**TOTAL Household Income: Gross Annual Wages/Salary/Self Employment Income:**

Less than \$50,000     \$50,000 - \$74,999     \$75,000 - \$124,999     \$125,000 - \$175,000     over \$175,000

Other sources of Monthly Income (check all that apply)

Real Estate                       Dividends                       Social Security                       Child Support                       Interest on Savings  
 Earnings on Investments     Pension                       Alimony                       Other Source of Revenue

**Monthly** sum of the Above:     less than \$500     \$500 - \$1,999     \$2,000 - \$5,000     more than \$5,000

Total **MONTHLY** Expenses

Auto Loan(s):	<input type="checkbox"/> less than \$300	<input type="checkbox"/> \$300 - \$499	<input type="checkbox"/> \$500 - \$750	<input type="checkbox"/> more than \$750
Credit Cards:	<input type="checkbox"/> less than \$500	<input type="checkbox"/> \$500 - \$999	<input type="checkbox"/> \$1,000 - \$1,500	<input type="checkbox"/> more than \$1,500
Utilities/Home Maint.	<input type="checkbox"/> less than \$500	<input type="checkbox"/> \$500 - \$1,499	<input type="checkbox"/> \$1,500 - \$2,500	<input type="checkbox"/> more than \$2,500
Tuition/Child Care	<input type="checkbox"/> less than \$500	<input type="checkbox"/> \$500 - \$1,199	<input type="checkbox"/> \$1,200 - \$1,750	<input type="checkbox"/> more than \$1,750
Other Loans/Exps	<input type="checkbox"/> less than \$500	<input type="checkbox"/> \$500 - \$1,199	<input type="checkbox"/> \$1,200 - \$1,750	<input type="checkbox"/> more than \$1,750

This box MUST be completed for your form to be processed:

AAE does not have sufficient funds to grant all special requests. We do the best we can. Please indicate the total that you are prepared to pay this year for Synagogue Dues: \$\_\_\_\_\_

Please note: There may be additional fees associated with dues, such as a security fee.

WE CERTIFY THAT THE INFORMATION PROVIDED HERE IS TRUE AND CORRECT. WE GIVE ADAT ARI EL PERMISSION TO VERIFY ALL THE INFORMATION PROVIDED IN THE APPLICATION. WE FURTHER AGREE, AS A CONDITION TO RECEIVING ANY FINANCIAL AID, TO INFORM ADAT ARI EL OF ANY CHANGES IN THE FAMILY'S FINANCIAL SITUATION THAT MAY OCCUR DURING THE YEAR AHEAD.

\_\_\_\_\_  
Signature of Adult Completing this Form

\_\_\_\_\_  
Signature of 2nd Adult (Spouse, Partner, etc.)

\_\_\_\_\_  
Form Submittal Date

---

**For Office Use Only**

Date Request Received: \_\_\_\_\_

Date Member Notified: \_\_\_\_\_

Past Due Amounts: \_\_\_\_\_

2014/15 Tuition Fees Assessed: \_\_\_\_\_

2014/15 Tuition Fees Assessed: \_\_\_\_\_

2014/15 Synagogue Dues Assessed: \_\_\_\_\_

2014/15 Synagogue Dues Assessed: \_\_\_\_\_