

Ahavath Torah Congregation
Financial Assistance Application

Please complete all information on the form. Indicate N/A if not applicable. When completed, forward the form directly to the Financial Secretary.

Please note: Only one person will have access reviewing the form and that will be the Financial Secretary only. The form is not a permanent application. You must re-apply every year.

For the fiscal year: July 1st _____ to June 30th _____

Applicant Information:

Name: _____ Age: _____

Spouse: _____ Age: _____

Address: _____

Phone #: _____

Email Address: _____ (Mandatory)

Marital Status: _____

Occupation (Self): _____ Spouse: _____

Employer Self): _____ Spouse: _____

Dependants:

Name: _____ Age: _____ Hebrew School Class: _____

Name: _____ Age: _____ Hebrew School Class: _____

Name: _____ Age: _____ Hebrew School Class: _____

Name: _____ Age: _____ Hebrew School Class: _____

Financial Information

<u>Tax Return Information</u>	<u>Prior Year</u>	<u>Current Year</u>
Wages	\$	\$
Interest & Dividends	\$	\$
Business Income (if any)	\$	\$
Other Income	\$	\$
Total Income	\$	\$
Mortgage Interest & Taxes Only	\$	\$
Other Deductions	\$	\$

(Please attach pages 1, 2 & Schedule A from tax return)

<u>Other Income & Expenses</u>	<u>Prior Year</u>	<u>Current Year</u>
Annual Rent	\$	\$
College Tuition After Financial Aid	\$	\$
Medical Expenses	\$	\$
Annual Auto Loan(s) or Lease	\$	\$
Alimony/Child Support	\$	\$
Other Expenses	\$	\$

Assets & Liabilities

Cash/Savings/Investments	\$	
Home	Value \$	Mortgage \$
Other Real Estate Value	Value \$	Mortgage \$
Retirement Plan(s)	\$	
Other Major Assets	\$	
Other Major Liabilities	\$	

