



***Jewish Family Service***  
***2022 Application for Financial Assistance***

The Jewish Federation of Omaha is charged with administering the allocation and distribution of financial assistance funds entrusted to the community for the benefit of Omaha’s Jewish community. This duty includes the guarantee of confidentiality to the applicants and their families in conjunction with the diligent stewardship of community funds. On an annual basis, the community allocates dollars for financial assistance. Award decisions are based on the financial need of applicants, the number of requests, and the amount of funds available. All financial aid awards require an **annual application**. **THE CURRENT YEAR APPLICATION MUST BE USED.**

To apply for Jewish Family Service financial assistance or reduced Jewish Community Center membership fees, please complete the attached application. Along with the application please use the checklist on page 2 to ensure you have attached **all** required documentation. **Any missing information will delay the application process and the ability to make a decision on your behalf.** Your completed application and all documentation is then to be placed in a secure envelope. Your application should then be submitted to Linda Cogen c/o Jewish Family Service and can be submitted at any time throughout the year. Applications for reduced JCC membership fees for current JCC members should be submitted by January 1, 2022. Information is reviewed by the Financial Assistance Council and assistance will be determined within two weeks of receipt of complete information. You will receive notification in the mail of an award or denial. If you have any questions regarding this application and reduced JCC membership or JFS assistance, please contact Linda Cogen at (402)334-6493 or [lcogen@jfsomaha.com](mailto:lcogen@jfsomaha.com).

Funding for financial aid is provided through the Annual Campaign of the Jewish Federation of Omaha, endowment funds of the Jewish Federation of Omaha Foundation and other grant entities.

***Please complete the section(s) for which you are requesting financial assistance.***

**Jewish Community Center Membership**

- Young Adult (age 13-30)
- Individual (age 31-69)
- Couple (2 adults living at the same residence)
- Family (2 adults and dependent children under age 25 at the same residence)
- Single Parent Family (Unmarried parent with dependent children under age 25 at the same residence)
- Senior Individual (age 70 and over)
- Senior Couple (2 spouses with one or both at age 70 or over)

Total amount of assistance requested	\$
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Last Name \_\_\_\_\_

<input type="checkbox"/> <b>Jewish Family Service Financial Assistance</b>
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Please list, in detail, any sources of financial assistance for which you have applied and indicate any amount for which you have been approved or have pending.	
Amount of assistance requested	\$

<b>Emergency Contact Info</b>	
Name and Relationship:	
Phone Number:	

### ***Document Checklist***

For your application to be considered and reviewed in a timely manner,  
**ALL** of the following information must be submitted **WITH** the application.

- A copy of your most recent Federal Tax Return, Form 1040.
- Two most recent paystubs for each adult/parent listed on the application.
- A copy of your most recent quarterly statement from any other source of income, including but not limited to 529 Plan, IRA, Social Security, mutual fund, etc.
- Most recent billing statement of each expense listed on pages 5 and 6 (i.e., MUD, OPPD, insurance, cable, phone, car payments, mortgage/rent, credit card statement(s), etc.)
- Documentation from other sources of financial aid (i.e., synagogue, family, etc.).
- Your signature on page 3.
- Explanation as to why financial assistance is being requested.
- Requested amount of financial assistance.

Last Name \_\_\_\_\_

New Application     Renewal Application

**Applicant/Legal Guardian Information**

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	
HOME PHONE				CELL PHONE				WORK PHONE			
AGE		GENDER		DATE OF BIRTH				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

**Spouse Information**

NAME					EMAIL						
ADDRESS					CITY			STATE		ZIP	68152
HOME PHONE				CELL PHONE				WORK PHONE			
AGE		GENDER		DATE OF BIRTH				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
<input type="checkbox"/> Yes, I am Jewish <input type="checkbox"/> No, I am not Jewish					Synagogue Affiliation						

**Children**

NAME					DOB				
NAME					DOB				
NAME					DOB				
NAME					DOB				

I attest that the foregoing information is true and correct. I understand that knowingly providing false information will deem me ineligible to receive assistance from The Jewish Federation of Omaha and its agencies.

\_\_\_\_\_

APPLICANT SIGNATURE

\_\_\_\_\_

DATE

\_\_\_\_\_

SPOUSE SIGNATURE

\_\_\_\_\_

DATE

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Last Name \_\_\_\_\_

**INCOME INFORMATION**

**Are you employed?**     Yes     No     Part-time     Full-time

NAME OF EMPLOYER			
			<b>Wages Earned (Monthly)</b>
			\$

**Is your spouse employed?**     Yes     No     Part-time     Full-time

NAME OF EMPLOYER			
			<b>Wages Earned (Monthly)</b>
			\$

**Do you receive any of the following sources of income?** *State monthly amount received.*

Social Security	\$	Child Support	\$
SSI	\$	Alimony	\$
State Assistance: SNAP, Title XX, Section 8, Medicaid, etc.	\$	Business Income *	\$
Unemployment	\$	Capital Gains *	\$
Checking/Savings	\$	Real Estate *	\$
Veteran Benefits	\$	Assistance from relatives/friends	\$
Stocks/Mutual Funds/Bonds	\$	Other *	\$

*\* If income is listed from business, capital gains, real estate or other, provide description and additional details in box below.*

<b>Total Monthly Income</b>	\$
<b>Total Yearly Income</b>	\$

<b>ADJUSTED GROSS INCOME</b> <i>(as listed on your Federal Tax Return)</i>	\$
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Last Name \_\_\_\_\_

**EXPENSE INFORMATION**

**Household Expense** (list monthly expenses)

Mortgage/Rent	\$	Cable	\$	Food	\$
Electric	\$	Gas	\$	Water/Sewer	\$
Trash	\$	Phone	\$	Internet	\$
Taxes (if not included with mortgage payment)		\$		<b>Subtotal</b>	\$

**Automobile** (list monthly expenses)

Number of Cars		Models(s)			
Loan(s)	\$	Maintenance/Repair	\$	Gasoline	\$
				<b>Subtotal</b>	\$

**Insurance** (list monthly expenses)

Auto	\$	Life	\$	Health	\$
Homeowners/renters (if not included in mortgage payment)		\$		<b>Subtotal</b>	\$

**Health** (list monthly expenses)

Doctor	\$	Dentist	\$	Vision	\$
Medication	\$			<b>Subtotal</b>	\$

**Dues** (list monthly expenses)

Synagogue/Temple	\$	JCC Membership	\$	Professional	\$
				<b>Subtotal</b>	\$

**Fixed Debt with Interest** (list monthly expenses)

Credit Cards	\$	Charge Accounts	\$	Legal Obligations	\$
Loans	\$	Other	\$	<b>Subtotal</b>	\$

Last Name \_\_\_\_\_

**EXPENSE INFORMATION (continued)**

**Child(ren)** (*list monthly expenses*)

Preschool	\$	Private Education	\$	Daycare	\$
College	\$			<b>Subtotal</b>	\$

**Miscellaneous** (*list monthly expenses*)

Cleaning Service	\$	Vacations	\$	Alimony Paid	\$
Child Support	\$	Retirement	\$	Savings	\$
Nursing Home	\$	Other	\$	<b>Subtotal</b>	\$

**Subtotal summary**

Household	\$
Automobile	\$
Insurance	\$
Health	\$
Dues	\$
Fixed Debt	\$
Child(ren)	\$
Miscellaneous	\$

<b>TOTAL MONTHLY HOUSEHOLD EXPENSES</b>	<b>\$</b>
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**If your monthly expenses exceed your monthly income, please explain how you are meeting the shortfall, i.e. assistance from relatives, credit card debt, etc.**


