



Abatement Request Fiscal Year _____

GENERAL INFORMATION ABOUT ABATEMENT REQUESTS:

If you and your family is in need of financial assistance to be members of our congregation, we have an abatement process that is **strictly confidential**.

We ask that you complete the entire form and your request will be reviewed by the FVJC-President, with the assistance of the financial committee (members of the committee are shared on request). *All such requests must be received by **September 3, 2018**. After that date it is considered a hardship case and will require the approval of the entire Executive Board.*

All questions regarding abatements should be directed to FVJC President at email President@fvjc.org
Please return your completed form to: FVJC-Emek Shalom, 55 Bushy Hill Road, Simsbury, CT 06070

PERSONAL INFORMATION:		
Name:		
Address:		
Email (required):		Cell Phone:
Home Phone:		Best time to call:
Years at address:		(circle one) Own or Rent
Number of years you have been a member of FVJC?		Type of Membership: (circle one) Single/Family/Senior/Other
Number of children attending FVJC Religious School?		Please list grades:
Total number of children:		
Number attending Pre-school:		Name of school:
Number attending Private school:		Name(s) of Private school:
Number attending College:		Name(s) of college:
According to the current fiscal years approved budget your financial obligation to FVJC-ES is:		
Dues: \$	Tuition: \$	Other: \$
Have you requested an abatement before:	Yes or No (circle one)	When:
If yes, have you met your obligation?	Yes or No (circle one)	
If no, please explain why not:		



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FINANCIAL INFORMATION:		
Annual combined income:	<input type="checkbox"/> up to \$25,000 <input type="checkbox"/> \$25,001-\$40,000 <input type="checkbox"/> \$40,001-\$60,000 <input type="checkbox"/> \$60,000-\$80,000 <input type="checkbox"/> \$80,001-\$100,000 <input type="checkbox"/> \$ over \$100,000	Other income: \$ _____ Please describe:
Are you receiving government assistance?	Yes or No (circle one)	
Name of Employer:	Address of employer:	Full or Part time? Circle one.
Name of Employer (Spouse/Partner)	Address of employer:	Full or Part time? Circle one.
Are you currently receiving financial assistance from any of the schools your child (ren) attends? If yes, please explain:		
List outside recreational memberships (i.e. golf, tennis, swim, health clubs):		
Please list extenuating circumstances to help us understand your financial situation and your request for abatement:		
DISCLAIMER: The undersigned certifies that the above information is true and accurate to the best of my knowledge.		
Signed:		Date:
Signed:		Date:
BOARD USE ONLY		
Dues history:		
Comments:		
Abatement: Approved _____ Not Approved _____ Amount \$ _____ Date: _____	Member letter sent: Y/N Date: _____ Database updated: Y/N	White & Katzman Notified Date: _____