



ABATEMENT REQUEST FORM

Please return your completed form to: president@fvjc.org or 55 Bushy Hill Road, Simsbury, CT 06070

PERSONAL INFORMATION:

Name(s):		
Address:		
Email (required):		
Home Phone: Cell Phone:		Best time to call:
Years at address:		(circle one) Own or Rent
Number of years you have been a member of FVJC-Emek Shalom?		<input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Junior <input type="checkbox"/> Single Senior <input type="checkbox"/> Senior <input type="checkbox"/> Virtual
Total number of children:		Please list grades:
Number of children attending Religious School?		Please list grades:
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: \$	Fees: \$
Have you requested an abatement before?	YES / NO	When:
If yes, have you met your obligation?	YES / NO	
If no, please explain why not:		

FINANCIAL INFORMATION:		
Annual combined income:	___ \$0-25k ___ \$101-125k ___ \$26-40k ___ \$126-150k ___ \$41-60k ___ \$151-175k ___ \$61-80k ___ \$176-200k ___ \$81-100k ___ \$176-200k > ___ \$201K	Other income: \$ _____ please describe:
Are you receiving government assistance?	YES / NO	
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: _____ ShulCloud updated: Y/N Date: _____	FISCAL YEAR: _____
Abatement Request form: Please return your completed form to: president@fvjc.org		