



**Beth El
Synagogue**

Rabbi Jay M. Kornsgold
Cantor Larry I. Brandspiegel
Brian Chevlin, President

50 Maple Stream Road
East Windsor, NJ 08520

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**CONFIDENTIAL REQUEST FOR
INDIVIDUALIZED FINANCIAL ARRANGEMENTS
FOR FISCAL YEAR 7/1/2009 – 6/30/2010**

Member/Congregant: _____ Date of Birth: _____

Co-Applicant/Non-member Spouse: _____ Date of Birth: _____

Marital Status: ___ single ___ married ___ divorced ___ widowed ___ other

Home Address: _____

Daytime Phone: _____ Evening or Cellular Phone: _____

Email Address: _____

FINANCIAL INFORMATION:

Member/Applicant Job Title: _____

Employer*: _____

Actual Annual Salary 2009: _____ Estimated Annual Salary 2010: _____

Other Income** 2009: _____ Estimated Other Income 2010: _____

Co-Applicant/Non-Member Spouse Job Title: _____

Employer*: _____

Actual Annual Salary 2009: _____ Estimated Annual Salary 2010: _____

Other Income** 2009: _____ Estimated Other Income 2010: _____

Total Income From Other Sources: _____

TOTAL HOUSING EXPENSES: Monthly Mortgage: _____ Monthly Rental Fees: _____

Annual Property Taxes: _____ Other: _____

Secondary Housing Expenses: _____

* If unemployed, state previous occupation and length of unemployment.

If retired, state number of years retired, annual pension / Social Security / etc.

** Other income may include bonuses, supplemental pay, child support, alimony, Social Security, interest/dividends from investments, severance payments, inheritances, etc.

OTHER OBLIGATIONS

Clubs (Health, Swim, Golf, etc.) List names and annual dues/fees: _____

Vehicles (Year, Make, Model, Monthly lease/loan payments): _____

Loans (e.g. Credit Cards, 2nd Mortgage, Education, etc.) : _____

Please provide a thorough explanation of your other significant financial obligations or circumstances to be considered in determining your ability to meet your financial obligations to the synagogue (attach additional information if necessary):

DEPENDENT INFORMATION

Names and ages of children living at home:

Names and ages of children not living at home:

To what extent do you support your dependents?

EDUCATIONAL INFORMATION

As of September 2009, number of children attending:

Sunday School: ____ Religious School: ____ Bar/Bat Mitzvah Preparation: ____

Hebrew High School: ____ Torah 4 Tots: ____ Torah 5 Tots: ____ Other: ____

If your children are in college/private school, state name of school, annual tuition, room and board, and amount of financial aid, if applicable.



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VOLUNTEER OBLIGATIONS

When Beth El members agree to Individual Financial Arrangements, they are expected to volunteer time or services to the synagogue. Please indicate in what areas you will commit to volunteer at Beth El during the coming year:

Function

Days/Times you are available

Assisting in the Synagogue Office

Education

Fundraising

Membership

Programming

Sisterhood

Men's Club

Other

Note: Of course we understand that at times medical or other extenuating conditions dictate what type of volunteer work a congregant is able to do – all volunteer assignments will be tailored to the individual.

FINANCIAL OBLIGATIONS

Please indicate monthly/quarterly amount you can commit towards payments that should be considered in determining you obligations for the coming fiscal year: \$_____

DOCUMENTATION

Please ensure that copies of each document are enclosed with your application. All copies will be returned to you after your Individualized Financial Arrangements are finalized.

- Prior year tax form 1040
- Prior year W-2 form
- Last 2-3 pay stubs/unemployment payment stubs
- Materials related to extraordinary expenses (e.g., large, unreimbursed medical costs)
- Materials related to loans

Member/Applicant signature: _____ Date: _____

Co-Applicant/
Non-member spouse signature: _____ Date: _____

To keep your information confidential or to request additional information, please return this application to the Beth El Synagogue office, attention: **Financial Secretary**.

Note: Congregants may be required to provide additional disclosure/documentation to the Financial Secretary and the Financial Assistance Committee as a requirement for considering the Request for the Individualized Financial Assistance and for receiving individualized financial assistance.

Please notify the Financial Secretary immediately if you experience a change in personal circumstances during the fiscal year July 2009 – June 2010, which is relevant to your application for Individualized Financial Arrangements.