



**FEE ADJUSTMENT REQUEST FORM  
2017 -2018**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (C): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (H): \_\_\_\_\_

E-Mail: \_\_\_\_\_

**I wish to apply for fee reduction for:**

|  | REGULAR COST | I CAN AFFORD THE FOLLOWING |
|--|--------------|----------------------------|
| <input type="checkbox"/> DUES                    |              |                            |
| <input type="checkbox"/> HEBREW SCHOOL           |              |                            |
| <input type="checkbox"/> EARLY CHILDHOOD PROGRAM |              |                            |
| <input type="checkbox"/> CAMP GIVAH              |              |                            |

*Please see individual program registration forms for cost. Please include the Registration form with this form*

**Please complete these two pages and submit them with the first page of your  
2016 Federal Income Form 1040 to:**

Fee Adjustment Committee; Temple Israel of Albany  
600 New Scotland Avenue, Albany, NY 12208

*The final determination for adjustment will be made by the Fee Adjustment Committee after the review of the information provided by you and a copy of the first page of your Federal tax return.*

**Income**

| <b>Name</b>                | <b>Income Source (i.e. Employer, SSI, Disability, Alimony, Child Support)</b> | <b>Income</b> |
|----------------------------|---|---------------|
| _____                      | _____   | \$ _____      |
| _____                      | _____   | \$ _____      |
| _____                      | _____   | \$ _____      |
| _____                      | _____   | \$ _____      |
| <b>TOTAL FAMILY INCOME</b> |   | \$ _____      |

**Expenses**

| <b>Monthly</b>  | <b>Amount</b> |          |
|---|---------------|----------|
| Mortgage/Rent Payment                                 | _____         |          |
| Health Insurance                                      | _____         |          |
| Car Insurance   | _____         |          |
| Utilities (electric, heat, hot water, telephone)      | _____         |          |
| Car Payments  | _____         |          |
| Child Care  | _____         |          |
| Loans (or other monthly obligations – please explain) | _____         |          |
| <b>Other</b>  | _____         |          |
| <b>TOTAL</b>  |               | \$ _____ |

Do you receive any specific fee adjustment from any other organization or institution?

NO  YES      If YES, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Has your financial situation changed recently? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you wish to supply us in reviewing your application for dues adjustment?

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_