



PO Box 1013, Turnersville, NJ 08012
Phone (856) 589-6550 • Fax (856) 589-7105
www.CBTBI.org

For Financial Assistance Evaluation Use Only

Financial Commitment Form 2016-2017

Dear Applicant,

In order to enable us to fairly evaluate and apply the Synagogue's guidelines in an equitable manner, this form must be filled in completely. Your information will be kept strictly confidential.

Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Dependent Children:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Home Address: _____

Primary Phone (H or C): _____ Alternate Phone (H or C): _____

Email: _____

Occupation: _____ Spouse's Occupation: _____

Monthly/Yearly amount you can commit to: _____

CBTBI requests that you stretch as much as you can in fairness to those paying their full share.

Please explain why you are requesting reduced dues. Please distinguish between long-term and short-term issues (you may continue on the back if you require more space).

Signature: _____ Spouse's Signature: _____

Committee Determination of Need: _____

Signature: _____ Date: _____

Applicant Signature Accepting Committee Decision: _____ Date: _____

Please Return Form to: Allison Harris, c/o CBTBI, PO Box 1013, Turnersville, NJ 08012