

APPLICATION FOR MEMBERSHIP CONTRIBUTION ADJUSTMENTS

PRIVATE AND CONFIDENTIAL

2019 - 2020

- ▶ Please submit all forms to the Obligations Committee, **in a sealed envelope** marked **PRIVATE AND CONFIDENTIAL** c/o the Shul office. **Do not show** your name on the envelope.
- ▶ **ALL FINANCIAL INFORMATION IS HELD IN THE STRICTEST CONFIDENCE AND IS AVAILABLE ONLY TO THE OBLIGATIONS CO-CHAIRS.**
- ▶ **DO NOT INCLUDE ANY PAYMENTS or Membership Renewal Forms.**

LATEST DATE TO SUBMIT AN APPLICATION:

IF YOU WANT TO BE IN THE SEATING LOTTERY: **WEDNESDAY, MAY 29TH**

FOR ANYONE ELSE:

FRIDAY AUGUST 30TH

A Note From Your Obligations Committee

Dear Member;

To help us to assess your membership contribution in a fair manner, we need **ALL** of the information requested on this Form.

If we do not receive the requested information, we will not be in a position to consider your application for a reduction.

DOCUMENTS THAT MUST ACCOMPANY THIS FORM

- ◆ Copy of your 2018 Personal Income Tax Return for all family members (**full returns, including schedules and not just summary pages**).
- ◆ Copy of your 2018 Notices of Assessment issued by the Canada Revenue Agency, and copies of your 2017 Notices of Assessment and Reassessment (*note that these assessments are the ones for you **income taxes**, not your property taxes*).
- ◆ Copies of latest Financial Statements of companies and accompanying tax returns, joint ventures, trusts or estates, self employed or business in which you or any family members have an interest. The statements must be those submitted to Canada Revenue Agency.

Family Name: _____

First Name: Husband _____

Home Phone #: _____

Wife: _____

Cell Phone #: _____

Family Address: _____

Husband: Occupation: _____

Employer: _____

Business Address: _____ Business Phone #: _____

Wife: Occupation: _____

Employer: _____

Business Address: _____ Business Phone #: _____

List all vehicles in your household:

Make	Year	Lease	Own	Company Car	Monthly Payments

Dependent Children (Do not include adult children beyond undergraduate level)

Name	Age	School	Tuition Assessed	Tuition Paid	Grade

Dependent Children Studying Abroad (children studying in Israel / elsewhere)

Name	Age	Country	School	Tuition/Living Expenses Paid in School Year

Other Dependent Children (not currently enrolled in a school)

Name	Age

INCOME

Please list out all income below:

INCOME	ACTUAL 2018		ESTIMATED 2019	
	MALE	FEMALE	MALE	FEMALE
All Employment income, including commissions				
All pension income				
Employment Insurance Benefits/Social Assistance/Worker's Compensation				
Dividends				
Interest and other investment income				
Capital gains				
Registered Retirement Savings Plan income				
All other income, including from partnership, business, support payments, etc.				
Total Income per Tax Return				

ASSETS AND LIABILITIES

Please list out all assets and liabilities

Assets

Item (Please specify)	\$ Amount
Home	
Cottage	
Investments	
RRSPs	
Tax Free Savings Accounts (TFSA)	
Other Real Estate	
Pension Entitlements	
Any Other Assets	

Debts, Loans, Liabilities etc.

Item	Name of Lender	Monthly Payment	\$ Amount
Mortgage 1			

Mortgage 2			
Credit Card Debt 1			
Credit Card Debt 2			
Line of Credit			
Private Debt			
Any Other Debt (specify)			

Please provide any circumstances that should be considered by the Committee.
(Attach a letter if desired)

C O N S E N T

We hereby affirm this information is true, complete and correct.

By affixing your signature to this “Application for Membership Contribution Adjustments” you, the applicant, are granting consent to the collection and use by the Obligations Committee, both for yourself and on behalf of all other members of your family group, of your and their personal information included on this application form. This personal information will only be used for the purpose of assessing the amount of the family contribution.

Signature _____ Date

PLEASE DO NOT WRITE IN THE AREA BELOW — FOR OFFICE USE ONLY

Date

Signature of Chairperson