

SEED ECS at TEMPLE BETH AM



SEED EARLY CHILDHOOD SCHOOL AT TEMPLE BETH AM (SEED ECS) APPLICATION FOR FINANCIAL ASSISTANCE February 2020

Thank you for your interest in the SEED ECS at Temple Beth Am. Our goal is to ensure that as many families as possible are given the opportunity to access the services we provide. Financial assistance is applicable for one year at a time and a new application must be made each year.

In order to apply for financial assistance, applicants must have no outstanding obligations with the early childhood school. If you would like to apply, follow the steps below to submit an application:

APPLYING FOR ASSISTANCE

Once you have determined that you are eligible to apply for financial assistance, please continue to complete the Application. Make sure you sign and date the application on page 2.

Please fill in all requested information completely and accurately. We will be unable to process your application if information and documentation is missing or incomplete. If you include your e-mail address, we will notify you as soon as a decision is made.

Once you have completed the application packet, please send with copies of all requested documents to:

 Davida Sims
 Temple Beth Am
 Executive Director
 2632 NE 80th Street
 Seattle, WA 98115

You will be contacted if your application is incomplete or missing required documentation, and your application will be held until all requested information has been received.

The first consideration for financial aid will be made for all completed applications received as of April 30, 2020. Thereafter, all completed applications received by the first working day of the month will be reviewed by the 15th working day of the month, and you will be notified by the 30th day of the month of the amount of your financial assistance. You have 15 days from notification to provide written acceptance of your financial aid to Temple Beth Am Executive Director. After 15 days, unaccepted financial aid applications will be canceled. When all funds available for financial aid have been allocated, we will post a notice on the Temple Beth Am website.

CHECKLIST

- ┆ No outstanding obligations with the early childhood school
- ┆ 2019 Federal Income Tax Return
- ┆ Application for Financial Assistance Household Expense Worksheet
- ┆ Pay stubs
- ┆ SEED ECS application

SEED Early Childhood School at Temple Beth Am (SEED ECS)
Application for Financial Assistance

Family Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____

Cell Phone () _____

Email _____

LISTING OF HOUSEHOLD MEMBERS

Household size :_(should match the number used to determine eligibility on page 4)

Name	Age (as of 1.1.2020)	Relation with applicant
		Applicant
		Applicant

**PLEASE BE ASSURED THAT ALL FINANCIAL INFORMATION WILL BE
 KEPT STRICTLY CONFIDENTIAL**

Limited funds are available for financial assistance. SEED ECS prioritizes eligible requests according to the needs of each household and considers extenuating circumstances as well as income and expense.

CERTIFICATION

I/we attest that the information provided herein is accurate to the best of my/our knowledge and is based on my/our current financial status. I/we understand that SEED ECS at Temple Beth Am reserves the right to re- evaluate any assistance granted during the period of this agreement, and I/we will notify SEED of any changes in my/our financial status. I/we have included copies of all requested documents.

Applicant _____

Applicant _____

Date _____

**SEED ECS at Temple Beth Am
Application for Financial Assistance
Household Income Worksheet**

HOUSEHOLD INCOME

2019 Actual 2020 Estimate

Wages, salaries, tips, etc.	1040 (7)		
Interest			
Taxable	1040 (8a)		
Tax-exempt	1040 (8b)		
Dividends			
Taxable	1040 (9a)		
Tax-exempt	1040 (9b)		
State & local tax refunds	1040 (10)		
Alimony received	1040 (11)		
Business income	1040 (12)		
Capital gain or loss	1040 (13)		
IRA distributions	1040 (15a)		
Pensions and annuities	1040 (16a)		
Rental real estate, royalties, partnerships, etc.	1040 (17)		
Unemployment compensation	1040 (19)		
Social Security benefits	1040 (20a)		
Other income	1040 (21)		
		A1	A2

TOTAL HOUSEHOLD INCOME

Household size

B1	B2

ELIGIBLE INCOME LEVEL FOR THE SAME HOUSEHOLD SIZE
(from Annual Household Income Chart on page 1)

C1 = A1/B1	C2 = A2/B2

PERCENTAGE OF ELIGIBLE INCOME LEVEL (divide A1 by B1, A2 by B2)
C2 should be less than or equal to 1.0 to qualify for financial assistance

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If you did not file a 2019 Federal Income Tax Return or have any special circumstances in your income situation, please explain below.

**SEED ECS at Temple Beth Am
Application for Financial Assistance
Household Expense Worksheet**

HOUSEHOLD EXPENSE	Last Month	2020 Total Year
HOUSING		
Rent		
Mortgage		
Electricity		
Gas		
Water/Sewer		
Garbage/Recycling		
Telephone		
Cellular service		
Cable/Satellite TV		
Insurance		
TRANSPORTATION		
Car Loan/Lease payment		
Car Insurance		
Fuel/maintenance		
Public transportation		
MEDICAL		
Medical and Dental insurance premiums		
Co-pay amount		
Recurring prescriptions		

For major medical/dental treatment not covered by insurance, please describe nature of treatment and attach documentation for amounts paid.

**SEED ECS at Temple Beth Am
Application for Financial Assistance
Household Expense Worksheet**

HOUSEHOLD EXPENSE	Last Month	2020 Total Year
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SCHOOL/DEPENDENT CARE

Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>
Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>
Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>
Name of child	<input type="text"/>		
School or Provider	<input type="text"/>		
Tuition/Fee		<input type="text"/>	<input type="text"/>

DEBT PAYMENT (mortgage and car loans already covered in housing and transportation sections)

Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>
Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>
Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>
Creditor	<input type="text"/>		
Monthly/Annual Payment		<input type="text"/>	<input type="text"/>

**SEED ECS at Temple Beth Am
Application for Financial Assistance
Household Expense Worksheet**

HOUSEHOLD EXPENSE **Last Month** **2020**
Total Year

OTHER EXPENSES

TOTAL HOUSEHOLD EXPENSE

(add up all lines in the house expense worksheet under "2020 Total Year" column from page 5 to page 7)

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ASSETS INFORMATION (as of the last date of previous month)

DESCRIPTION	VALUE
Bank and investment – please list the name of the financial institution, type of accounts, name of stock/fund held	
Automobile – please list the year, make and model	
Real Estate – Please list the address	

**SEED ECS at Temple Beth Am
Application for Financial Assistance
Household Expense Worksheet**

EMPLOYMENT

Required Documentation

Employer

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Name of Employee

Job Title

Length of Employment

Supervisor

Work Phone

Last 2 Pay Stubs

Employer

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Name of Employee

Job Title

Length of Employment

Supervisor

Work Phone

Last 2 Pay Stubs

Employer

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Name of Employee

Job Title

Length of Employment

Supervisor

Work Phone

Last 2 Pay Stubs

