



Koret Center for Health, Fitness & Sport  
 Jewish Community Center of San Francisco  
 3200 California Street • San Francisco, CA 94118  
 jccsf.org • 415.292.1200

# FITNESS MEMBERSHIP REDUCED RATE APPLICATION

The Reduced Rate Program is a 30% discount on monthly Fitness Membership dues and is effective for the fiscal year ending on June 30. Maximum Adjusted Gross Income (AGI) for a Single Individual is \$55,000, and \$90,000 for a family. Renewals in subsequent years will require completion of a new application and meeting the criteria established for the new fiscal year. This program does not apply to Teen Membership, Child Membership or Center Limited Membership.

Due to limited funding, there may be a waiting period. If Fitness Member qualifies for the Reduced Rate Program after the waiting period, the JCCSF will provide a retroactive discount based on the application submission date. For example, if Fitness Member submits application on January 15, 2020 and qualifies for the discount on February 1, 2020, the JCCSF will refund 30% of January's monthly Fitness Membership dues.

In order for this application to be reviewed, the following items must be provided:

Copy of your most recent W-2 Form

**and**

Copy of your most recent Federal Income Tax Return

**or**

Copy of your most recent SSI, Social Security or Unemployment Statement if you did not file taxes

## PERSONAL INFORMATION

JCCSF Membership Information:  Fitness Center Member  Non-Member

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Years with Employer \_\_\_\_\_

Job Title \_\_\_\_\_  Full-Time  Part-Time

## FINANCIAL AID REQUEST

Membership Type Applying For:  Individual Adult  Add-on (Adult)  Family Member  Senior Member  Add-on (Senior)

Membership Monthly Dues \$ \_\_\_\_\_

Have you previously received financial assistance from the JCCSF?  Yes  No

If so, please provide program name, year and amount of assistance \_\_\_\_\_

## PERSONAL FINANCIAL INFORMATION

Tax Return Filing:  Single  Married  Head of Household  Did Not File

### Current Year Annual Income

Individual 1: Gross Wages/Salary/Business Income \$ \_\_\_\_\_

Individual 2: Gross Wages/Salary/Business Income \$ \_\_\_\_\_

Dividend and Interest Income \$ \_\_\_\_\_

Spousal/Child/Family Support \$ \_\_\_\_\_

Government Assistance \$ \_\_\_\_\_

Type of Assistance (i.e AFDC, SSI, Disability, SNAP, Other) \_\_\_\_\_

**Total Annual Income (Sum of Above)** \$ \_\_\_\_\_



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**FITNESS MEMBERSHIP  
 REDUCED RATE APPLICATION**

**PERSONAL FINANCIAL INFORMATION (CONT.)**

Do you own or rent your primary residence?  Rent  Own Monthly Rent/House Payment \$ \_\_\_\_\_

Vehicle #1 Year, Make and Model \_\_\_\_\_

Year Purchased/Leased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Vehicle #2 Year, Make and Model \_\_\_\_\_

Year Purchased/Leased \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

**STATEMENT OF NEED**

**An explanation of your financial circumstances is a mandatory part of this application for financial assistance.**

Describe any changes in your economic circumstances over the past year that support your request for financial assistance. Include known events that will impact you. If you lost your job or work hours were reduced, please indicate the date and the estimated cost of this change. *If more space is needed, attach a separate page with your name at the top.*

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**CERTIFICATION**

I declare that the information reported on this form is true, correct and complete. The JCCSF has permission to verify the information reported above. I have attached the requested documents listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return the completed application and all attachments:**

By mail to:  
 JCCSF Financial Aid Administrator  
 3200 California Street  
 San Francisco, CA 94118

**or**  
 Email to: [financialaid@jccsf.org](mailto:financialaid@jccsf.org)

If you have any questions about the financial assistance application process, please email [financialaid@jccsf.org](mailto:financialaid@jccsf.org) or call 415.276.1511.