



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, 2023 and qualifies for the discount on February 1, 2023, 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) \$



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**

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.*

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

If you have any questions about the financial assistance application process, please email financialaid@jccsf.org.