



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. If approved, Fitness Financial Assistance (FA) recipient(s) will not have to reapply to qualify for the program and the discount will continue until the recipient cancels their membership. The discount will renew every July 1st on the condition that the member utilizes the facility at least once in a prior six-month period. For those who do not use the facility at least once in the continuous six-month period, we reserve the right to remove your FA discount at the end of June.

Maximum Adjusted Gross Income (AGI) for a Single Individual is \$55,000, and \$90,000 for a family. This program does not apply to Teen Membership, Child Membership, or Center Limited Membership.

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

### 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)** \$

## FITNESS MEMBERSHIP REDUCED RATE APPLICATION

## 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.*

[illegible]

## 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).