

JEWISH CHILDREN'S REGIONAL SERVICE
2010 PARENT FINANCIAL INFORMATION FORM – one per household
 (PRINT LEGIBLY)

DATE: _____

List first and last name of all applicants and type of aid requested: camp, education or special needs.

1)	3)	5)
2)	4)	6)

PERSONAL PROFILE

Name	DOB	SSN
Address	City	State & Zip
Housing Information: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)	How long have you resided at this address? Yrs Mos.	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	No. of Dependents:	
Home Phone	Cell Phone	E-mail Address
Employer	No. of Yrs.	Occupation & Position
Business Phone		
Previous Employer	No. of Yrs.	Occupation & Position
Business Phone		
Immigration Status:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No
If not a US Citizen:	Date of entry:	Country of origin:
		Type of visa:

SPOUSE PROFILE

Name	DOB	SSN
Address	City	State & Zip
Housing Information: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (explain)	How long have you resided at this address? Yrs Mos.	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	No. of Dependents:	
Home Phone	Cell Phone	E-mail Address
Employer	No. of Yrs.	Occupation & Position
Business Phone		
Previous Employer	No. of Yrs.	Occupation & Position
Business Phone		
Immigration Status:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No
If not a US Citizen:	Date of entry:	Country of origin:
		Type of visa:

GENERAL INFORMATION (if married, these questions apply to both you and your spouse)

Ever had assets repossessed by a creditor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever filed bankruptcy/had a judgment against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Been involved in IRS Audit (past 3 yrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ever been a principal of a firm that declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever been convicted/plead nolo contendere to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged/debts secured, except as shown? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your disability insurance coverage: \$ _____
What is your total life insurance coverage: \$ _____	

If you answered "yes" to any of the above, please explain in the Addendum Section (Page 4).

Initial each statement below to verify that you have read and understand this application.

_____ All monetary values are clearly stated.

_____ All information is printed clearly and legibly in black or blue ink.

_____ All sections of the application are filled out, even when responses are "0" or "N/A".

_____ This application is completed by all parent(s) and/or guardian(s) of applicant(s) listed above.
If divorced, each parent must complete & submit a separate copy of this form.

_____ If application is incomplete or difficult to read, we will notify you so that you can resubmit it for consideration.
The application will not be reviewed until completed.

_____ All supporting documents are included, such as: W2, 1099, current pay stubs and current federal tax returns, complete with all forms and schedules. **Application will not be processed without these documents.**

_____ Schedules (1 - 10) are totaled and these totals are placed in sections A, B, C and D.

NAME: _____

Complete schedules (1-10) first and then place totals in sections A, B, C and D below.

SCHEDULES – Add totals of each schedule and place totals in sections A,B,C and D below

SCHEDULE 1 - BANK ASSETS			
BANK/BROKERAGE FIRM	TYPE OF ACCT/SECURITY	CURRENT BALANCE	IS IT PLEDGED?
		\$	
		\$	
		\$	
Total Balance:		\$	

SCHEDULE 2 - STOCKS & BONDS (including Mutual Funds, Ginny Maes, REIT, VITS, etc) - Provide schedule sheet, if necessary					
ISSUER	REGISTERED IN NAME OF	# OF SHARES	MARKET VALUE PER SHARE	TOTAL MARKET VALUE	IS IT PLEDGED?
			\$	\$	
			\$	\$	
			\$	\$	
Total Value:				\$	

SCHEDULE 3 - BUSINESS INTERESTS & UNLISTED SECURITIES	
Total:	

SCHEDULE 4 - RETIREMENT PLANS (IRA, 401K, 403B, Profit Sharing, Defined Benefit, etc.)	
TYPE	VALUE
	\$
	\$
	\$
	\$
Total:	

SCHEDULE 5 – CHILDREN’S ASSETS	TOTAL VALUE	SCHEDULE 6 – ENTITLEMENT INCOME	ANNUAL
UGMA/UTMA	\$	DISABILITY (SSI/SSD/OTHER)	\$
ESA (Education Savings Acct)	\$	FOOD STAMPS	\$
529 College Savings Accts.	\$	TANF	\$
TRUST FUNDS	\$	WORKER’S COMPENSATION	\$
US SAVINGS and/or ISRAEL BONDS	\$	UNEMPLOYMENT INSURANCE BENEFITS	\$
Other Children’s Accounts & Assets	\$	Other (specify)	\$
Total:		Total:	

SCHEDULE 7 - NOTES PAYABLE (excluding real estate mortgages / credit lines)						
Owed to	Reason	Balance	Annual Payments	Maturity	Collateral	Rate
		\$	\$			
		\$	\$			
		\$	\$			
Total Balance:			Total Annual Payments:			

SCHEDULE 8 - MEDICAL		Health Insurance Plan		Out Of Pocket Treatment Costs			
MEMBER OF HOUSEHOLD	Plan or Company Name	Annual Premium (paid by family)	MEDICAL	DENTAL	VISION	PRESCRIPTION DRUGS	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
Totals:		\$	\$	\$	\$	\$	

NAME: _____

ADDENDUM SECTION

Use this section to continue entries from previous pages. Identify each entry by section letter or schedule #. Also, enter any information you believe merits additional consideration by JCRS. Continue on additional sheets, if necessary.

Will the non-custodial parent be contributing to this cause? Yes No N/A

Please provide the address of the non-custodial parent so that we can send him/her a financial packet to complete.

Name

Address

I certify that this financial statement is true, complete and accurate as of this date. I will notify JCRS immediately in the event of any material change in my financial condition, and until such time, you may continue to rely upon this statement. The JCRS is authorized to verify the information herein, and obtain additional information as needed, by contacting my spouse and other third parties. The JCRS may exchange with, or furnish information to, others regarding my credit experience and history.

{IF FILING JOINTLY, BOTH PARENTS/GUARDIANS MUST SIGN}

Signature of Parent/Guardian

(Print Name)

Date Signed

Signature of Parent/Guardian

(Print Name)

Date Signed