

**CONGREGATION BETH ISRAEL
REQUEST FOR FINANCIAL HARDSHIP VARIANCE 2016-2017**

Date: _____

Date Received by CBI: _____

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Financial Hardship Variance is requested for:

Membership dues (\$1950 Family/\$975 Individual/\$585 Associate) _____
Capital Fund (\$5,000 Family/\$2,500 Individual, both over 5 years) _____
Religious School Tuition (varies per grade level) _____

YOUR PROPOSED PAYMENT:

\$ _____
\$ _____
\$ _____

Why are you requesting a financial hardship variance?

Please state any extraordinary expenses:

Should you wish to supply any further information in support of this application (Form 1040, etc.), please feel free to do so. You are not obligated to do so.

I/We understand that any Financial Hardship Variance Request decision is **for one year only** and **must be reapplied for annually**. I/We also understand that such fees as Bar/Bat Mitzvah fees, Confirmation fees, Room Usage fees and fees for High Holiday tickets for guests are in addition to the amounts which may be agreed upon and are not subject to adjustment. I/We further understand that any dues, Capital Fund or Religious School Tuition commitments (financial hardship variance plan) must be current to partake in a life cycle event, i.e., Bar/Bat Mitzvah, Confirmation, etc. The information supplied in this application is correct and I/We agree to notify the Treasurer if any financial change occurs in the coming year for which this Request has been made.

CBI will keep all information submitted as confidential and CBI would appreciate you not discussing your Financial Hardship Variance plan with other members.

I/We understand that all payments made monthly must be made either through ACH or a credit card.

Please ask the Treasurer for more details on how to activate either option.

I/We agree to keep current with the Membership Dues, Capital Fund and Religious School Tuition as adjusted, and will be responsible for all prior amounts.

Signed: _____

NEXT STEPS

Once returned, this application will be reviewed in a strictly confidential manner by CBI's Treasurer and Past President using the following criteria:

1. What is the extent of financial need for relief?
2. Given all requests, how much financial relief is affordable within the operating budget of CBI?

Please understand that all, some, or none of the relief request might be authorized. Note that a return to full payment is automatic at the beginning of each fiscal year, unless further relief is granted prior to August 1. If relief is needed after that date, a new form must be completed. All of this is mandated by the Variance Policy adopted by the Board of Trustees.

Every effort will be made to respond to your request within 30 days of receipt.

Please return this form to:
Congregation Beth Israel
ATTN: Treasurer - CONFIDENTIAL
6100 Pleasant Run Road
Colleyville, TX 76034