

APPLICATION FOR REDUCTION OF FINANCIAL OBLIGATIONS

Year _____

Please Note: The Information contained in this application will be held in the strictest confidence
(Temple president(s) may have access to this information)

NAME: _____
ADDRESS: _____

Home Phone Number: _____
Cell Phone Number: _____
Email: _____

DEPENDENTS: Children _____ Other _____

Name(s) Grade(s) Full name & relationship

Reason for Application –Please feel free to add another page if necessary.

Occupation

_____ **Person 1** _____ **Person 2** _____

Annual Salary \$ _____ \$ _____
(If self-employed please state net income from business or profession)

	Person 1		Person 2		
Do you receive	Unemployment	Yes _____ No _____	Unemployment	Yes _____ No _____	
	Welfare	Yes _____ No _____	Welfare	Yes _____ No _____	
	Food Stamps	Yes _____ No _____	Food Stamps	Yes _____ No _____	
	Other	_____	Other	_____	

Monthly Expenses
Mortgage \$ _____
Medical Bills \$ _____
(not covered by insurance)
Car Payments \$ _____
Additional Monthly
Loan Payments \$ _____
Additional Extraordinary
Expenses \$ _____

Other Income
Dividends \$ _____
Interest \$ _____
Rental Income \$ _____
Pension/Annuity \$ _____
Social Security \$ _____
Alimony \$ _____
Child Support \$ _____

Please suggest the total annual amount that you feel you can afford to pay this year toward your financial obligations
\$ _____

Kindly authorize your 10 equal monthly payment charge \$ _____. Thank you - _____ (Initial)

I declare that the information provided above is accurate and complete

Signature

Date

If you intend to pay by debit or credit card, please complete the following:

Credit Card Name _____ Credit Card # _____

Expiration Date: _____

CVV(# digit code) _____