



**One of the basic tenets of Temple Beth Shalom** is that no person should be turned away from membership based on inability to pay. Ensuring the equitable and compassionate allocation of financial support is among our highest priorities.

While we are focused on ensuring that financial challenges do not stand in the way of membership, we are equally committed to the long term financial stability of our synagogue. We do this by ensuring that all of our members, including those members receiving financial consideration, pay their fair share of the cost of Temple Beth Shalom's operations.

In the simplest of financial terms, the cost of financial assistance to one member of Temple Beth Shalom must be shifted to all of the other members of our congregation. With costs steadily increasing, and more members unable to pay dues in full, we must redouble our efforts at meeting our dual commitment of fiscal responsibility and service to the Jewish community.

### **Dues Relief Guidelines**

- 1 Members and prospective members seeking dues adjustments are expected to demonstrate their "need" on an annual basis. A prior history of need is an important consideration, but is not a guarantee of future financial assistance. To ensure consistency in the application of these guidelines, *on an annual basis*, Members in need of support (or continued support) are expected to submit a request, in writing, on the form attached, which includes an acknowledgement confirming the members' agreement to and compliance with these Guidelines.
- 2 All members – including those receiving dues relief – are expected to pay their "fair share" of Temple Beth Shalom's operating costs. Circumstances where members receive full dues and/or related fee waivers are and will be extremely rare; there can be no abatement of program fees such as religious school or bar/bat mitzvah fees.
- 3 Individuals seeking an adjustment in their dues or other fees are expected make a minimum "Fair Share Payment", which is set at 20% of TBS Family Dues.
- 4 Although we operate on the basis of confidentiality, transparency, honor, candor and mutual respect, Temple Beth Shalom reserves the right to seek supporting financial records – generally in the form of tax returns and asset verification – to validate requests for financial assistance.
- 5 The level of financial assistance is determined solely by Temple Beth Shalom and can range from deferred payment terms to complete waiver of fees.
- 6 The Financial Secretary, in conjunction with the Finance Committee, has principal responsibility for implementation of this program. Variations from the Guidelines require the prior approval of the Finance Committee of Temple Beth Shalom.



# Application for Financial Assistance

Name(s) \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

1. Applicant(s) request financial assistance from Temple Beth Shalom for the current year as set forth below:

[Provide a brief description of the assistance being requested (e.g., deferred payment, reduction of fees)]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Applicant(s) base this request upon the following:

[Briefly describe the financial or other circumstances giving rise to the request for assistance.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant(s) acknowledge and confirm the following:

1 It is the responsibility of each member to pay their fair share of the annual cost of operations of Temple Beth Shalom.

2 This application for financial assistance is consistent with the attached Temple Beth Shalom Financial Support Guidelines

3 My/our payment to Temple Beth Shalom for the current fiscal year will equal or exceed my/our Fair Share Payment (as defined in the Guidelines).

4 I/we authorize Temple Beth Shalom, on a confidential basis, to make such inquiries as it deems appropriate to validate this application for financial assistance.

5 I/we understand that the decision as to whether and to what extent to provide financial assistance is solely in the discretion of Temple Beth Shalom.

Applicant Name(s) \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form to: Temple Beth Shalom  
760 Route 6  
Mahopac, NY 10541  
(845) 628-6133