



**Please contact the Executive Director at 305-573-5900, Ext. 404 if you have any questions.  
All information you provide will be kept confidential.**

Adult #1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Employed: YES / NO

Adult #2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Employed: YES / NO

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status:  Single  Married  Partnered  Separated  Divorced  Widowed  Engaged

Child #1: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Attends our Religious School: YES/NO

Child #2: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Attends our Religious School: YES/NO

Child #3: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Attends our Religious School: YES/NO

Child #4: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Attends our Religious School: YES/NO

Other dependents you support: \_\_\_\_\_

Please describe your reasons for requesting an adjustment in your dues/religious school fees. If additional space is needed, use the back of this form.

Change in income (job loss / reduced salary / retirement): \_\_\_\_\_

Change in expenses (added dependent / illness / education): \_\_\_\_\_

Change in marital status: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_