

Application



Name _____ Age _____ DOB _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Cell _____

I am a single parent due to: Divorce Widowed Other

Name of ex-Spouse(s)/Partner(s): _____

If divorced, how many years have you been divorced: _____ Do you have a Get: Yes No

Total number of children: _____ How many children live at home: _____

Name of Child, Age, School Attending:

Custody arrangement:

Are you receiving child support: Yes No If yes, how much do you receive monthly: \$ _____

I am affiliated with a synagogue(s): Yes No

Name of synagogue(s) _____

Name and phone number of Rav. If none, please provide a reference including phone number:

Please provide an additional 2 references with phone numbers from the community:

I am employed: Full-time Part-time Unemployed

Employer(s): _____

Occupation: _____

How long have you been with this employer? _____ Yearly Salary: \$ _____

If you're unemployed, what is the reason for unemployment?

How long have you been unemployed: _____

Are you collecting unemployment: Yes No

If yes, how much do you receive monthly: \$ _____

Do you have health insurance: Yes No

Are you on Tomchei Shabbos: Yes No If not, would you like to join: Yes No

Are you on the Rabbi Laufer Program: Yes No

Please outline all the following monthly expenses below:

Mortgage: _____

Car Lease: _____

Therapy: _____

Rent: _____

Car Insurance: _____

Utilities: _____

Tuition: _____

Other: _____

Please outline the following additional sources of income you may have:

Food Stamps: _____

Rent Subsidy: _____

Other: _____

Based on your above answer, please specify the amount of additional sources of income you receive:

\$ _____

Please include copies of the following documents with your application:

1. Copy of Photo ID
2. Copy of your most recent pay stubs or last years W-2
3. Copy of your most recent unemployment benefits package.

If you can't submit one or more of the documents requested in the previous question, please explain why you have left them out: _____

Please provide us with the following bank information so we can direct deposit your monthly stipend moving forward.

Bank Name: _____

Bank Routing Number / ABA Number: _____

Name on Account: _____

Account number: _____

Signature _____ Date _____

Please mail application to:

Al Kanfei Nisharim • 287 Rockaway Parkway, Lawrence NY 11559 • 212.452.9800