



for all the days of your life

DIRECTIONS/APPLICATION FOR REQUESTING ANSHE EMET SYNAGOGUE ASSISTANCE GRANTS OR LOANS

Certain resources are available at Anshe Emet Synagogue that may be used for grants to congregants in financial need. In addition, to assist congregants who have been adversely affected by the current economic situation, the Malkin Assistance Fund has been designated for use for grants and/or loans, as applicable, to provide funds for emergent needs.

- 1.** Applicants must be members of Anshe Emet Synagogue.
- 2.** Applicants must demonstrate financial need.
- 3.** In addition to grants and/or loans, applicants will be provided with direction to any resources available through the City of Chicago, the Jewish Federation or other applicable agencies or programs.
- 4.** Grants may be made in any amount up to \$1500.
- 5.** Loans may be made in any amount not to exceed \$2000.
- 6.** Loans must be repaid within two years from the date the funds are transferred to the applicant. However, to the extent the applicant desires to modify the original repayment schedule and can demonstrate financial need for such modification, every effort will be made for an accommodation, and a new repayment schedule will be provided.
- 7.** All information received from an applicant will be handled with strict confidentiality. An application for a grant or loan does not guarantee that money will be granted or loaned.
- 8.** When a grant or loan is approved, generally, Anshe Emet will issue a check directly to the applicant's creditor.
- 9.** For additional information contact the Coordinator, Assistance Programs at assistance@ansheemet.org or (773) 868-5133.

For Internal Use ONLY
Member ID: _____
Membership Type: _____
Amount: _____
Date: _____

CONFIDENTIAL
Application for Assistance Grant/Loan

APPLICANT INFORMATION

Name of Applicant: _____

Home Address: _____

Home Phone _____ **Cell phone** _____

Email Address: _____

Are you a New Applicant? _____ **Renewal Applicant?** _____

If you have received a grant or loan from Anshe Emet in the past, please indicate what you received, and the year(s) you received it.

1. _____
2. _____
3. _____

Request is for: (please check one)

Housing/Utilities _____ Food _____ Medical expenses _____ Moving expenses _____

Credit card minimum payment _____

Medical premiums _____ Job retraining/education _____

Other: (please describe below)

FINANCIAL INFORMATION

Occupation: _____

Employer: _____

Length of Employment _____

Employer2: _____

Length of Employment _____

Income (*Total Adjusted Gross Income from your most recent federal tax return*)

Check One:

Under \$50,000 \$51,000-75,000 \$76,000-99,000 \$100,000-125,000
 \$125,000-\$175,000 Over \$175,000

Monthly rental or mortgage payment(s) (including assessment if applicable): _____

Car Payments: _____ Other Expenses: _____

Please list your dependents below:

<u>Dependents' Names</u>	<u>Age</u>	<u>School</u>
--------------------------	------------	---------------

Other financial obligations of a significant nature (please specify and indicate amount):

Do you expect your income for the coming year to be significantly different? Please explain:

Will you be able to repay this money to Anshe Emet Synagogue or is this a request for a grant?

Please return this application to:

Anshe Emet Synagogue
Coordinator, Assistance Program
3751 North Broadway
Chicago, IL 60613-4014
(773) 868-5133 or PDF to assistance@AnsheEmet.org