

## TOMCHEI SHABBOS OF DALLAS APPLICATION

*Please fill out the application honestly and completely and submit it to your Congregational Rabbi. You may be asked to supply supporting documentation such as bank statements. Tomchei Shabbos of Dallas respects the privacy of all applicants, to the highest standards of Halacha (Jewish law) and secular law. Tomchei Shabbos reserves the right to verify any and all information in your application with the Rabbi you designate.*

*By submitting this application, the applicant and their respective family members relinquish the right to take any legal recourse against Tomchei Shabbos of Dallas and/or the KC Kosher Co-op. Submitting an application, and substantiating documentation if any, is not a guarantee that services will be provided. Though Tomchei Shabbos of Dallas will attempt to help all Sabbath observant and Kashruth observant families with significant financial need, in the case of limited resource, the organization will prioritize candidates based on need, and a first come – first served basis.*

*Tomchei assistance is distributed in the form of a credit with the KC Kosher Co-op; accordingly, an account with the Co-op is required: <https://kckoshercoop.com/register>*

*KC Kosher Co-op delivers approximately seven times per year, including a Pesach and High Holiday delivery. Once an applicant has been accepted and funds are available, the applicant will receive a notice from the KC Kosher Co-Op, usually a week in advance of an order deadline, as to what their credit for that order is, if any. This credit is available for use on the KC Kosher Co-Op website only. If a beneficiary does not use their credit for a particular order, the credit will continue to be available for use in subsequent months, however, unused credits may be re-allocated without notice. Credits cannot be accumulated for holiday orders.*

*Approval to receive Tomchei Shabbos funds is NOT a guarantee that beneficiaries will receive funds for any particular order, or that the amount they receive from order to order will be the same.*

*Any balance due to the KC Kosher Co-op after application of the Tomchei Shabbos provided credit must be paid promptly. Future distributions cannot be used to pay any balance due on a prior order. Failure to pay an outstanding KC Kosher Co-op balance may result in denial of future distributions.*

*KC Kosher Co-Op will not have access to any information in an application and is not involved in the allocation of funds between Tomchei Shabbos beneficiaries. KC Kosher Co-Op simply emails beneficiaries with credits in the amounts instructed by Tomchei Shabbos. If there are any questions about the amount of a credit (other than a technical issue relating to how to use of credits) please DO NOT contact KC Kosher Co-Op. Please contact Tomchei Shabbos instead.*

*Tomchei Shabbos is designed to defray the additional costs of Shabbos and Kashruth observance; it is not designed as a primary source of financial assistance. Rabbinic guidance is suggested to determine other resources that may be available.*

*Changes in address, phone or email contacts, or financial condition, should be promptly sent to Tomchei.*

*Rev. 11/23*

**Name (Last, First, Middle):** \_\_\_\_\_

**Your Date of Birth (M, D, Y):** \_\_\_\_\_

**Marital Status:**  Single  Married  Separated  Divorced  Widowed

**Spouse's Name (Last, First, Middle):** \_\_\_\_\_

**Spouse's Date of Birth (M, D, Y):** \_\_\_\_\_

**Address (Street, City, State, Zip):** \_\_\_\_\_

**Home phone number:** \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Children:**

	Name	Age	School attending
1			
2			
3			
4			
5			

**Notes about the family:**

**Your Employment:**     Employed     Homemaker     Unemployed/seeking  
 Retired     Disabled     Student     Other     Unemployed/not seeking

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**How Long:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Employer Phone:** \_\_\_\_\_

**Monthly wages (after deductions; if unemployed enter 0):** \$\_\_\_\_\_.

**Spouse's Employment:**     Employed     Homemaker     Unemployed/seeking  
 Retired     Disabled     Student     Other     Unemployed/not seeking

**Spouse's Occupation:** \_\_\_\_\_

**Spouse's Employer:** \_\_\_\_\_

**How Long:** \_\_\_\_\_

**Spouse's Employer Address:** \_\_\_\_\_

**Spouse's Employer Phone:** \_\_\_\_\_

**Monthly wages (after deductions; if unemployed enter 0):** \$\_\_\_\_\_

**Unemployment or other benefits:** \_\_\_\_\_

\_\_\_\_\_

**Other income (description and amount):** \_\_\_\_\_

\_\_\_\_\_

**Gifts/Loans from family members:** \_\_\_\_\_

\_\_\_\_\_

**Savings:** \_\_\_\_\_

\_\_\_\_\_

**Notes on income:**

**Housing:**       Own    Rent    Share    Free    Other

**How Long:** \_\_\_\_\_

**Monthly Housing Payment/Rent:** \$ \_\_\_\_\_

**Notes on housing:**

**Cars:**

Year	Make	Model	Payment?	Months Left

**Tuition:**                    **Balance:** \$ \_\_\_\_\_                    **Monthly Payment:** \$ \_\_\_\_\_

**Credit Cards:**            **Balance:** \$ \_\_\_\_\_                    **Monthly Payment:** \$ \_\_\_\_\_

**Food Expenses:**        \$ \_\_\_\_\_

**Utilities:**                    \$ \_\_\_\_\_

**Health Insurance Type:**

None     Everyone     Only Me     All But Me     Only Children     Other

**Monthly Insurance Premium:**                    \$ \_\_\_\_\_

**Monthly Unreimbursed Medical Expense:**        \$ \_\_\_\_\_

**Notes on expenses:**

**What synagogue(s) do you attend?** \_\_\_\_\_

**Any other Rabbinic affiliations?** \_\_\_\_\_

**Level of Kashrus observance:**                     Strict     High     Occasional

**Level of Shabbos observance:**                     Strict     High     Occasional

**Frequency of Shabbos hospitality:**     Week     Month     Year     Other

**Anticipated Length of Assistance:** \_\_\_\_\_

**Time period:**                     Weeks     Months     Years     Other