

Dallas Tomchei Shabbos

Application Process

Download and complete this application. *Indicates required fields.

How to Submit an Application

Once completed, **submit your Application to the Rabbi of your congregation.** If you are not affiliated with a Dallas congregation, please email dallastomcheishabbos@gmail.com for instructions on how to apply for Tomchei Shabbos benefits.

Rights and Responsibilities

Tomchei Shabbos of Dallas respects the privacy of all applicants, to the highest standards of Halacha (Jewish law) and secular law. We do reserve the right to confer with Rabbinic counsel on any application submitted, if it is deemed necessary.

By submitting this application, the applicant and his/her 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 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 resources, the organization will prioritize candidates based on need, and on a first come – first served basis.

By applying for the Dallas Tomchei Shabbos program, it is understood that the program is supported with community funds. Willful misrepresentation of the family or financial situation may disqualify persons from the program. It may be required to return all funds distributed if it has been demonstrated that the funds were distributed under fraudulent intent.

By accepting and using a Tomchei credit with the KC Kosher Co-op, Tomchei beneficiaries agree to promptly pay any balance due after using a Tomchei credit. Unused credits roll over to the next KC Kosher Co-op order but balances cannot be paid with subsequent credit distributions. Failure to pay balances due to the KC Kosher Co-op may result in either no future distribution or termination of benefits.

Dallas Tomchei Shabbos Applicant Application

About Your Family

About You

*Your age _____

*Marital status Married Single Separated Divorced Widow(er)

*Number of dependent children _____

*Current employment Employed Homemaker Unemployed and seeking Retired Disabled
Unemployed and not seeking Student Other Not applicable

*Monthly wages from employment (after all deductions, if not employed enter 0) \$_____.00

Employer _____

Employer address _____

Your occupation _____

Years at this employer _____

About Your Spouse

Last name _____

First name _____

Middle name _____

Spouse's age _____

*Spouse's employment Employed Homemaker Unemployed and seeking Retired Disabled
Unemployed and not seeking Student Other Not applicable

Spouse's occupation _____

*Spouses monthly wages from employment (after all deductions, if not applicable enter 0)\$_____.00

Employer _____

Employer address _____

Years with this employer _____

About Your Children

Children information

	Name	Age	School attending
1			
2			
3			
4			

Etc...

Notes about the family

Additional Income

*Monthly welfare, disability, unemployment, social security or other government benefit \$____.00

*Monthly gift of loans from family members \$ _____.00

*Monthly community assistance (tuition assistance, financial aid etc.) \$____.00

*Total savings \$____.00

*Cars owned _____

Additional notes for income consideration

Housing

*Housing type Own Rent share Free Other

*Monthly housing payment \$____.00

*Month you moved in ____

*Year you moved in _____

Additional notes for housing consideration

Your Additional Expenses

Household

*Monthly household expense excluding housing \$____.00

*Total monthly credit card expenses \$____.00

*Monthly car payments (0 if not applicable) \$____.00

Remaining months on car payments ____

Monthly school tuition before assistance \$____.00

*Monthly school tuition with assistance (0 if not applicable) \$____.00

*Monthly child care(0 if not applicable) \$____.00

Monthly supplemental food \$____.00

Medical

*Type of health Insurance None Everyone Only me All but me Only children Other

Monthly insurance premium \$_____.00

*Monthly unreimbursed medical expense \$_____.00

Additional notes for expense consideration

Anticipated Length of Assistance

*Assistance length _____

*Time period Week Month Year Other

*(Level of) Kashrus observance Strict High Occasional

*(Level of) Shabbos observance Strict High Occasional

*Frequency of hospitality Week Month Year Other

Congregational affiliations _____

Other rabbinic affiliations _____