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 Beneficiary of **United Jewish Appeal**
 Generously supported by **The Weisz Family Foundation**

Application # _____

Date: _____

Total # of people in your family _____

Total # of children at Kehila _____

Total family income, monthly NET (after taxes).

\$ _____

Please include all family income, pensions, disability payments, and child tax benefits

MONTHLY EXPENSES (unless otherwise indicated)

<u>HOUSING</u>		<u>WORK EXPENSES</u>	
Mortgage		Gas/Transportation (ETR)	
Taxes		Parking	
Rent/Condo Fee		Daycare/Babysitter	
Union Gas			
Union Energy			
Hydro		<u>PERSONAL EXPENSES</u>	
Cable/Satellite		Monthly debt payments (credit cards, loans, line of credit)	
Telephone			
Cell-Internet-Pager			
House Insurance			
<u>LIVING EXPENSES</u>		<u>OTHER SIGNIFICANT EXPENSES</u>	
Alimony/Support		Please describe:	
Car Lease			
Car and Life Insurance			
Car Maintenance			
Medical Expenses			
Dental Expenses			
Dry Cleaning			
School Supplies			
Other children's tuition			
Food			
Clothing		<u>HOW MUCH ARE YOU PREPARED TO PAY?</u>	
			\$ _____

APPEALS PROCESS: