



Chevra Simchas Shabbos V'Yom Tov

593 Montgomery St.
Brooklyn, NY 11225
718-774-5270 | Office@CSSY.org

B”H

By submitting this application, the applicant and his respective family members relinquish the right to take any legal recourse against Chevra Simcha Shabbos V'Yom Tov. Submitting an application and substantiating documentation is not a guarantee that services will be provided. Though CSSY will attempt to help all individuals, in need of kosher food, in the case of limited resource, the organization will prioritize candidates based on need and first come – first serve basis.

By applying for the CSSY voucher 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.

Name of Applicant (please print clearly): _____

Applicant’s Signature: _____

Date: _____

Name of Applicant’s Spouse (please print clearly): _____

Applicant’s Spouse’s Signature: _____

Date: _____

Employment Information (Male)

Type of Work _____ Employer _____ Years on Job _____
Work Address _____ City _____ Zip _____ Number (____) _____ - _____
Monthly Salary \$ _____ Hourly income _____
If currently not employed: Reason for unemployment _____
Not employed since: _____ Last job interview date: _____
Do you have a: Car **YES/NO**

Employment Information (Female)

Type of Work _____ Employer _____ Years on Job _____
Work Address _____ City _____ Zip _____ Number (____) _____ - _____
Monthly Salary \$ _____ Hourly income _____
If currently not employed: Reason for unemployment _____
Not employed since: _____ Last job interview date: _____
Do you have a: Car **YES/NO**

Others living with you and earning an income

Type of Work _____ Employer _____ Years on Job _____
Work Address _____ City _____ Zip _____ Number (____) _____ - _____
Monthly Salary \$ _____ Hourly income _____
First Name _____ Last Name _____ DOB ____/____/____ Age _____
Relationship _____
Does he/she have: Car **YES/NO**

Do you have any other sources of income? ____ If yes, please specify: _____

Do you have money invested in real estate, stocks, etc.? ____ If yes, please specify: _____

Total Savings: \$ _____ Total Currently in your Checking Account: \$ _____

Government Assistance

Please input monthly government funds.

Welfare \$ _____

Food Stamps \$ _____

Medicaid \$ _____

Medicare \$ _____

SSI \$ _____

HUD \$ _____

WIC \$ _____

Section 8 \$ _____

City Feps \$ _____

IHSS \$ _____

Other \$ _____

Expenses: Please list monthly expense.

Rent/Mortgage \$ _____

Clothing \$ _____

Gas Company \$ _____

Medical Insurance \$ _____

Life Insurance \$ _____

Car Payments \$ _____

Car Insurance \$ _____

Water Bill \$ _____

Electrical Bill \$ _____

DSL/Cable \$ _____

Tuition \$ _____

Home Maintenance \$ _____

Misc \$ _____

Total Monthly Expenses \$ _____

If there is a gap between your income and expenses, how has that been covered until now? Please explain.

Do you need financial counseling? **Yes/No**

How can you give back? Please list skills you may have.

- Handyman
- Tutor (Please specify subject.) _____
- Electrician
- Event Planner
- Roofer
- IT Skills
- Plumber
- Graphic Designer
- Computer Programmer
- Bookkeeper
- Writer
- Driver (Bus, truck) _____
- Other _____

Please submit this application by mailing it to CSSY’s office at 593 Montgomery St. Brooklyn, NY 11225 or email it to Office@CSSY.org.

Upon approval, someone from our office will get back to you regarding CSSY’s voucher program.

FOR OFFICE USE ONLY *** FOR OFFICE USE ONLY**

Application approved by _____, date _____.

Application denied by _____, date _____.

Comments: _____