



FINANCIAL ASSISTANCE APPLICATION

Individual Financial Assistance

Email to: RCPFBF@rvcfireL2881.org
Mail: RCPFBF; Attn. Dir. Of Finance
21160 Box Springs Rd #105, Moreno Valley, CA 92557

Date Submitted: \_\_\_\_\_

Office Use: \_\_\_\_\_

Date Recieved: \_\_\_\_\_

Request #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Expenses & Income: (Indicate amounts) LODD: DO NOT NEED TO COMPLETE FINANCIAL INFO.

Mortgage: \_\_\_\_\_ Taxes: \_\_\_\_\_ Salary: \_\_\_\_\_
Auto: \_\_\_\_\_ Insurance: \_\_\_\_\_ Salary Spouse: \_\_\_\_\_
Medical: \_\_\_\_\_ Rental Property: \_\_\_\_\_
Personal Loans: \_\_\_\_\_ Pension: \_\_\_\_\_
Utilities: \_\_\_\_\_ Food : \_\_\_\_\_ Social Security: \_\_\_\_\_
Credit Cards: \_\_\_\_\_ Workmen's Comp \_\_\_\_\_
Other: \_\_\_\_\_ Other: \_\_\_\_\_ Savings: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SSN #: \_\_\_\_\_

(If Applicable)

Dependents: 1) \_\_\_\_\_ Age: \_\_\_\_\_
2) \_\_\_\_\_ Age: \_\_\_\_\_
3) \_\_\_\_\_ Age: \_\_\_\_\_

Indicate the Amount of Financial Assistance Needed:

Reason for Financial Assistance:

(Attach supporting documentation, if necessary)

Have you applied and/or received any other financial assistance regarding this request? If so, from what source:

Statement for False Information

I certify by my signature below that all of the information I have provided to the "RCPFBF" is true and correct to the best of my knowledge. I also acknowledge by my signature below to authorize the Foundation to request any types of credit/background reports that is needed in the standard process of this application request.

Signature

Date

NOTE: Additional information may be necessary once this application has been submitted and enters the review process. Also, all monies/funds will be submitted directly to the vendor (i.e. contractor, services, etc.) on behalf of the party making the request.