



Benevolence Request Form The Wings of hope Foundation 2015

*Full Legal Name of Applicant _____

*Street Address _____

*City _____ *State _____ *Zip Code _____

*Phone Number _____ Date of Birth _____ Email _____

Social Security # _____

(For our records only. We use reloadable cards because it less costly, and we need this info to do so. You can decline, but a disposable card will take longer for you to receive in the mail. Please know our records are securely stored.)

Mailing Address if different from above _____

Brief description of assistance requested by the foundation and why. Please give as much detail as possible. (use reverse side if needed). Tell us which need is most urgent and would help the most if we decided to assist:

Marital Status: Married Divorced Seperated Widowed
(Circle one)

List other forms/means of income: _____

List names and ages of children, not married, still living at home (if any):

If seeking rent or bill assistance, what is the total cost needed? _____

What is the land lord/payors name, and phone number? _____

Benevolence Request Form

The Wings of hope Foundation

2015

Is this a one time request or do you want recurring assistance? _____

Are you currently working? Yes No (Check one)

If yes, please describe job title, hours and pay: _____

If on Medical leave from work, when will you return to work? _____

If you are not working, would you be interested in the foundation helping you find some sort of work, or helping you research furthering your education? Yes No

If yes, please select which you are most interested in.

Work Education Both

If an existing recipient, what date did you first receive? _____

Month & Year

Applicants for financial assistance are awarded financial assistance based on financial need. Applicants are not granted financial assistance based on relationships between the applicant and foundation leaders or significant foundation contributors.

The foundation does not discriminate applicants based upon race, color, national origin, age, geographic territory or location, religion or disability.

The foundation benevolence committee may provide short-term (emergency) assistance and longer-term aid to ensure that applicants have the basic necessities and provided funds are only to be used to obtain things such as food, clothing, housing, transportation, and medical assistance (including psychological counseling). The preferred method of providing assistance will be to pay the applicant's needs directly to a business provider. Assistance may also be provided in the form of cash/visa cards or vouchers for goods or services. The type of aid that is appropriate depends on the individual's needs and available resources. This document is only intended to provide the foundation board and/or committee members with current and accurate information about the subjects covered.

Please fill out, sign, and email back to thewingsoghopefoundation@gmail.com

Or print, fill out, sign, and mail to:

The Wings of Hope Foundation

4419 Centennial Blvd #338

Colorado Springs CO 80907

Print Name _____

Signature

Date