

**WBC JOSE SULAIMAN BOXERS FUND  
REQUEST FOR ASSISTANCE**

**PERSONAL INFORMATION:**

Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_  
\_\_\_\_\_

Home street address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address (if available):  
\_\_\_\_\_

**IS SOMEONE HELPING THE APPLICANT TO FILL OUT THIS FORM? If so, who?**

Last name: \_\_\_\_\_ First name(s): \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address (if available):  
\_\_\_\_\_

**HOW ARE THE APPLICANT AND THE PERSON HELPING WITH THE APPLICATION RELATED OR AFFILIATED? Circle best answer:**

1) Family/relative 2) Friend 3) Handler 4) Professional – Personal Doctor/Lawyer/Accountant, etc.

**WHAT IS THE NATURE OF YOUR HARDSHIP? Circle and answer all that apply to you.**

1) **Disabled** - *Medical condition/diagnosis?* \_\_\_\_\_ *Since When?* \_\_\_\_\_

2) **Infirm** - *Medical condition/diagnosis?* \_\_\_\_\_ *Since When?* \_\_\_\_\_

3) **Unemployed, cannot find work** - *Since When?* \_\_\_\_\_

4) **Insufficient income** - *Monthly Income?* \_\_\_\_\_ *Monthly Expenditures?* \_\_\_\_\_

5) **Unemployment benefits not enough** – *When will your unemployment benefit expire?* \_\_\_\_\_

6) **Abandoned by spouse/children/family** - *Since When?* \_\_\_\_\_

7) **Lives with family, burden on family** - *Since When?* \_\_\_\_\_

8) **Undergoing foreclosure, nearing homelessness** – *Eviction date?* \_\_\_\_\_

9) **Homeless** - *Since When?* \_\_\_\_\_ *Do you live in a shelter or street?* \_\_\_\_\_

10) Government fraud – Explain: \_\_\_\_\_

Other - Explain: \_\_\_\_\_

**CIRCLE TYPE OF ASSISTANCE REQUESTED:** (Please attach any valid supporting documents. Examples listed below may include, but are not limited to, the following.)

- 1) Mortgage or rent assistance    Monthly mortgage/rent? \_\_\_\_\_
- 2) Utilities    Estimated Balance owed? \_\_\_\_\_
- 3) Medical bills    Estimated Balance owed? \_\_\_\_\_
- 4) Medical co-pays    Estimated Balance owed? \_\_\_\_\_
- 5) Prescription medication cost    Estimated Balance owed? \_\_\_\_\_
- 6) Medical & Dental Assessments    Estimated Cost of Assessments? \_\_\_\_\_
- 7) Dental health    Estimated Cost of Assessments? \_\_\_\_\_
- 8) Car Repairs    Estimated Cost of Assessments? \_\_\_\_\_
- 9) Caretakers    Hours needed per day? \_\_\_\_\_
- 10) Service dog, companion    Medically endorsed? \_\_\_\_\_

**TOTAL AMOUNT REQUESTED?** \_\_\_\_\_

**NOTE: For your request to be reviewed, you must provide the following documentation along with your completed application. Failure to provide supporting documentation may result in the denial of your request. Please remember that assistance is provided based on a qualifying event/crisis. Assistance is not provided solely on the basis of need.**

\*It is the responsibility of the applicant to provide copies of supporting documentation and black out all Social Security Numbers and bank account numbers.

**YOU MUST SUBMIT THE FOLLOWING:**

- \_\_\_\_\_ Copy of applicant's driver's license or any government issued ID
- \_\_\_\_\_ Copy of the applicant's most recent paycheck stub
- \_\_\_\_\_ Copy of the any checks or other documentation of government assistance
- \_\_\_\_\_ Recent bank statement (if available)
- \_\_\_\_\_ Proof of income for spouse or domestic partner (if applicable)

**DEPENDING ON THE TYPE OF ASSISTANCE, SUBMIT THE FOLLOWING:**

**Mortgage or rent payment**

- \_\_\_\_\_ Copy of rental/lease agreement or copy of mortgage coupon/statement bearing applicant's name
- \_\_\_\_\_ Copy of Pay or Quit notice or Eviction notice bearing applicant's name
- \_\_\_\_\_ Letter or statement from mortgage company indicating amount past due; eviction or foreclosure notices are also acceptable
- \_\_\_\_\_ IRS Form W-9 from apartment complex or mortgage company.

**Utilities** (for example: water, gas, electricity, and waste disposal)

- \_\_\_\_\_ Copy of utility bill bearing applicant's name
- \_\_\_\_\_ Copy of utility bill delinquency/disconnection/termination notice bearing applicant's name or a statement from the utility company

**Medical Illness or Injury**

- \_\_\_\_\_ Letter from physician explaining medical issue
- \_\_\_\_\_ Proof of medical leave of absence
- \_\_\_\_\_ Medical bill's in applicant's name
- \_\_\_\_\_ Explanation of benefits issued by insurance company (if applicable)
- \_\_\_\_\_ Copy of medical insurance bill

**Other** (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL QUESTIONS: Please circle.**

- |  |     |    |   |
|--|-----|----|---|
| 1) Do you have a fixed monthly income?   | YES | NO | If yes, how much? _____                 |
| 2) Do you receive a monthly pension or retirement?   | YES | NO | If yes, how much? _____                 |
| 3) Do you receive government assistance?   | YES | NO | If yes, how much? _____                 |
| 4) Do you know your estimated total debt?  | YES | NO | If yes, how much? _____                 |
| 5) Do you live with a spouse/domestic partner?   | YES | NO | If yes, who? _____                      |
| 6) Do you have any dependents?   | YES | NO | If yes, how many? _____<br>Age/s? _____ |
| 7) Have you received money from the WBC or any boxing affiliate within the last 36 months? | YES | NO | If yes, when? _____ Amount? _____       |
| 8) Do you have a Special Needs Trust   | YES | NO | If yes, who is the Trustee? _____       |

**By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. I authorize NEVADA COMMUNITY FOUNDATION on behalf of the WBC JOSE SULAIMAN BOXERS FUND, to disclose any confidential and/or financial information to the third-party administrator as it pertains to the above request. I voluntarily**

**authorize the release of my protected health information to the administrator for processing of this application.**

**I understand the criteria, eligibility and application process of the WBC JOSE SULAIMAN BOXERS FUND.**

**Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_**