



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? _____
Age/s? _____ |

7) Have you received money from the WBC YES or any NO If yes, when? _____ Amount? _____
boxing affiliate within the last 36 months?

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: _____

Diana Rodríguez – diana.rodriguez@nevadacf.org

Donor Services Manager

Nevada Community Foundation.