Imperial Rainbow Court of Northern Utah

Financial Assistance Application

Personal Information

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|------------------------|---------------|
| Applicant's Name: | Phone: |
| Applicant's Address: | (no PO Boxes) |
| | Zip Code: |
| | |

The Imperial Rainbow Court of Northern Utah (IRCONU) is a non-profit organization for charitable and educational purposes.

The IRCONU makes determinations without regard to Race, Color, Sex, Age, Sexual Orientation, Gender Identity, Religion, National or Ethnic Origin.

The IRCONU funds are designed to assist persons who are experiencing financial hardships. The limit of disbursement will be limited to \$400.00. This is a One-Time disbursement and is only presented upon approval of the application by the Board of Directors of the IRCONU.

If approved, the request of funds will be paid directly to the creditors and not to the applicant. Copies of Bills must accompany your application so contact with creditors for payment can be made if application is approved.

Your Application for Financial Assistance will be kept Confidential.

Applications for assistance are required to be completed in full in order for us to process your request. (this includes providing any of the additional documents/statements outlined throughout)

Applications should be mailed to:

IRCONU
Attn: President of the Board
PO Box 3131
Ogden, UT 84409-3131

In lieu of mailing, please have delivered to the President of the Board only.

If sending electronically, please remit this application, along with all required documents/attachments to:

President@irconu.org

Emergency Situations still require the completion of a Financial Application with documentation.

Any Questions concerning the disbursement of funds or this application may be directed to any member of the Board of Directors or to the President of the Board.

Funds that allow us the ability to assist others are raised through numerous events held during the year.

Please continue to support our efforts so that we can assist those in the Community that needs our assistance. For a current list of events please visit www.irconu.org

Financial Assistance Request Form: This Form is to be used to request funds from the IRCONU:

| What is the purpose for your request for assistance from the Imperial Rainbow Court of Northern Utah? | | | | | | | | | | |
|--|------------------------------|----------------|--------------------------|------------------------------|---------------------|-----------------|----------------------------|-----------|--------------------|--|
| As | ssistance with | Rent, Utilit | ies, Food, Medical Bil | ls | | | | | | |
| As | ssistance with | Health Issu | es related to Cancer. | | | | | | | |
| As | ssistance with | Health Issu | es related to HIV/AID | S. | | | | | | |
| In order | for us to hav | e a full und | erstanding of your h | ardship, please attach a | letter or stateme | ent explainin | g to us the conditions o | of your s | ituation. | |
| In order for us to be an effective source for assistance/outreach, please ensure that information attached provides us with clear definition of any deadlines you are subject to. | | | | | | | | | | |
| If you are unable to provide the attached statement/letter and/or it would be easier for you to contact to us to provide the information, please contact the President of the Board. | | | | | | | | | | |
| Please complete all sections of this application – Include any documentation including copies of bills for the assistance you are requesting. | | | | | | | | | | |
| | | Personal I | Financial Information | 1 | Documentation | Type of Bill | Amount Reques | sting | Approved/Denied | |
| Month | ly Income | | | (wages, disabilities etc) | | | \$ | | | |
| | | | | (Rent utilities, meds, etc.) | | | | | | |
| Monthl | y Expenses | | | | | | \$ | | | |
| Differe | nce (+ / -) | | | | | | \$ | | | |
| | | | | | | | \$ | | | |
| Other 1 | Income | | | (Other sources of Income) | | | \$ | | | |
| | | | | | | | \$ | | | |
| | | | | | Total of Request | | \$ | | | |
| | | | | r organization for these s | ame bills? If so, v | were you app | roved or denied? | _ | | |
| | , please attach | | | | | | | | | |
| Completi | on of this app | olication does | s not guarantee payme | nt to your creditors. If a | pproved payment | will be paid of | lirectly to your creditors | | | |
| | g this applicanade once in a | | rstand that this applica | tion and understand that | this is not a guara | ntee of payme | ent. I understand that pa | yment fo | or these funds can | |
| | | | | | | | | | | |
| APPLICANT SIGNATURE: DATE: | | | | | | | | | | |
| DD E | | THE DO A D | D OF DIDECTORS | | | | D.A.WE | | | |
| PRE | SIDENT OF | THE BOAK | D OF DIRECTORS: _ | | | | DATE: | | | |
| | Date | | Payee | Type of Bill | Approved | / Denied | Fund Identification | Amo | ount Distributed | |
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| | | | | | | | TOTAL | | | |

Notes: