

# Imperial Rainbow Court of Northern Utah

## Financial Assistance Application

Personal Information:

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

If approved, the request for 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 need our assistance. For a current list of events please visit [www.irconu.org](http://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?**

- \_\_\_ - Assistance with Rent, Utilities, Food, Medical Bills
- \_\_\_ - Assistance with Health Issues related to Cancer.
- \_\_\_ - Assistance with Health Issues related to HIV/AIDS.

**In order for us to have a full understanding of your hardship, please attach a letter or statement explaining to us the conditions of your situation.**

**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 Financial Information		Documentation	Type of Bill	Amount Requesting	Approved/Denied
<b>Monthly Income</b>		(Wages, disabilities etc)			\$	
<b>Monthly Expenses</b>		(Rent utilities, meds, etc.)			\$	
<b>Difference (+ / -)</b>					\$	
					\$	
<b>Other Income</b>		(Other sources of Income)			\$	
					\$	
					\$	
			<b>Total of Request</b>		\$	

Have you applied for assistance from any other agency or organization for these same bills? If so, were you approved or denied? \_\_\_\_\_  
 If denied, please attach decision letter.

Completion of this application does not guarantee payment to your creditors. If approved, payment will be paid directly to your creditors.

By signing this application, I understand that this application and understand that this is not a guarantee of payment. I understand that payment for these funds can only be made once in a lifetime.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRESIDENT OF THE BOARD OF DIRECTORS: \_\_\_\_\_

DATE: \_\_\_\_\_

Date	Payee	Type of Bill	Approved / Denied	Fund Identification	Amount Distributed
				<b>TOTAL</b>	

Notes: