

APPLICANT/BENEFICIARY CONTACT INFORMATION

Name:

Age:

Name Parent or Guardian (if applicable):

Occupation:

Gross Annual Income:

Are you willing to provide financial information? YES or NO

If NO, why not?

Marital Status: Single ____ Married ____ Separated ____ Divorced ____

Total number of dependents: _____ Total number in household: _____

Address:

City: State: Zip:

E-Mail:

Cell Phone:

Other Phone:

How did you hear about this organization?

REQUEST FOR FUNDS

Describe in detail what you are requesting funding for and include needs justification.

How will the funds benefit Central Oregon resident(s) who are the deaf, or those with a hearing or communication impairment?

Can you or are you prepared to pay a portion of the cost if needed? YES or NO

If YES, how much? If NO, why not?

Does your health insurance provide any coverage towards the cost? YES or NO

If YES, how much?

Are you eligible for financing through a bank, credit union finance company or financial assistance through the provider of the service/product? YES or NO
If NO, why not?

REFERRAL CONTACT INFORMATION

Business Name:

Business Contact Person:

Address:

City: State: Zip:

Phone:

Fax:

Email:

Is this a Non-Profit Organization? YES or NO If YES, list 501(c)3#

FINANCIAL INFORMATION – AS APPLICABLE

Cost of requested product or service:

Can you provide a Quote/Invoice or any other documentation pertaining to the cost?
YES or NO

If NO, please explain:

Who does the payment go to:

Where does the payment need to be sent:

What is the deadline for the funds in order to obtain the product/service?

COMMUNITY SERVICE

Is the applicant willing or able to volunteer for a community service project through Sound of Kindness? YES or NO

If NO, why not?

If the applicant is awarded a benefit, can he/she attend a meeting to offer a brief testimonial? YES or NO

If NO, why not?

Signature of Applicant/Requestor: _____

Date: _____

NOTE:

- THE PROCESS FOR OBTAINING FUNDING APPROVAL TAKES 30-60 DAYS.
- APPROVED FUNDS ARE RELEASED ONLY TO THE PROVIDER COMPANY
- INCOMPLETE FORMS WILL DELAY YOUR APPLICATION OR MAY RESULT IN DENIAL
- TO SPEED UP PROCESSING, PLEASE ATTACH ANY DOCUMENTATION PERTAINING TO