**Dominion Riders Foundation****DRF-FORM-014**

Revision: -

Document Type: Form

Effective Date:

Owner: Board of Directors

Status: Active

Title: Beneficiary Application

Beneficiary Application**1. Applicant Information**

Full Name:	
Date of Birth:	
Phone Number:	
Email Address:	
Address:	
Email:	

2. Household Information

Number of Adults:	
Number of Children:	
Dependents Names:	
Dependents Ages:	

3. Employment & Income

Employment Status:	
Monthly Income (all sources):	
Other Assistance Received:	

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4. **Assistance Requested**

Check All That Apply

Financial Assistance:		
Food Support:		
Housing/Utility Support:		
Transportation:		
Medical/Emergency:		
Other:		

5. **Supporting Documentation**

(Attach all documents to this application for submittal)

- Proof of Identity
- Proof of Address
- Income Verification
- Additional Supporting Documents

6. **Authorization and Consent**

☐ I certify that the information provided is true and accurate. I authorize the Dominion Riders Foundation to review this application and contact me regarding assistance.

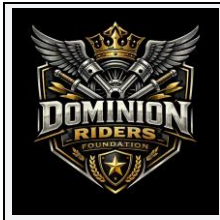
☐ I authorize the Dominion Riders Foundation to receive information about my medical status.

-Dominion Riders Foundation will not disclose any information to a third-party, without the expressed written consent of beneficiary.

7. **Authorization - Applicant**

Applicant Signature: _____

Date: _____

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Authorized Foundation Official Use**First Authorized Individual:**

Name:	
Title / Role:	
Date of Authorization:	
Signature:	

Second Authorized Individual:

Name:	
Title / Role:	
Date of Authorization:	
Signature:	