

Solana Beach Benevolent Fund Financial Assistance Request Form

Thank you for reaching out to the Solana Beach Firefighters Benevolent Fund. This fund provides financial support to current or past firefighters and their immediate families in times of need. Please complete the form below with as much detail as possible. All information will be kept confidential.

Applicant Information

Name: _____

Phone number: _____

Email Address: _____

Mailing Address: _____

Affiliation with Solana Beach Fire Department

- ☐ Current Firefighter
- ☐ Retired Firefighter
- ☐ Family member of a Firefighter
- ☐ Other (please explain): _____

Name of affiliated Firefighter: _____

Relationship to Firefighter: _____

Financial Assistance Request

Reason for request (please provide details about your financial need):

Amount requested: \$ _____

Supporting Documentation

Please attach any relevant documents, such as

- Medical bills
- Proof of financial hardship
- Other supporting documents

Certification and Signature

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that the submission of this form does not guarantee approval of assistance.

Signature: _____ Date: _____

****Please email completed form, with supporting documentation to: SBFFcharityFund@gmail.com or mail to: Solana Beach Firefighters Benevolent Fund, 3414 Holly Oak Ln, Escondido, CA, 92027**