



FINANCIAL ASSISTANCE APPLICATION

Please see the Fire Family Foundation's Grantmaking Guidelines for information about eligibility and the grantmaking process.

Name: _____ Home Phone: _____ Cell: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ DOB: _____
If Married, Spouse's Name: _____ Spouse's Occupation: _____

1. How are you related to a firefighter?

Self Spouse/Domestic Partner of Firefighter Child of Firefighter
Parent of Firefighter Grandparent of Firefighter Grandchild of Firefighter
Other (please describe): _____
Advocate for Firefighter Family:
Your Name: _____ Relationship to Intended Grant Recipient: _____

2. Firefighter's information:

Fire Department: _____ Firefighter Type: Career Volunteer
Firefighter Status: Active Retired If If Retired, Date of Retirement: _____
Active, Date of Hire at Current Department: _____ Date of Leave, If Applicable: _____

3. What circumstances led you to request financial assistance? (Add separate page if necessary.)

4. Amount of financial assistance requested:

Please note: The Fire Family Foundation can only make grant payments to a third party biller (e.g. hospital, landlord, etc.). Grants cannot be made as a cash payment to the applicant.

Table with 2 columns: Person/Company to Whom Payment Would Be Made, Amount. Rows 1-4 and a TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUESTED row.

5. Are any of these bills partially or fully covered by insurance? If yes, please describe: _____



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6. Monthly household budget:

Please fill in the "Amount" column for every line item. Some numbers (e.g. food expenses) may be estimates. For line items that do not apply to you, please write "0" as the amount. Please note all awarded grants are need-based.

MONTHLY EXPENSES	AMOUNT	NOTES
Mortgage / Rent		
Property Taxes		
Auto Payment(s)		
Auto Insurance		
Medical Insurance Premium		
Utilities		
Food		
Personal Loan(s) Payment		
Credit Card(s) Payment		
Other		
Monthly Expenses Total		
MONTHLY INCOME	AMOUNT	NOTES
Your Income (After Taxes)		
Spouse's Income (After Taxes)		
Rental Property Income		
Pension		
Social Security		
Worker's Comp/Disability		
Other		
Monthly Income Total		<i>Note: Numbers must match attached documentation</i>
Total Remaining Per Month		<i>(monthly income total - monthly expenses total)</i>
CHECKING ACCOUNT(S)	AMOUNT	NOTES
Checking Account #1		
Checking Account #2		
Total Checking Balance		<i>Note: Numbers must match attached documentation</i>
SAVINGS ACCOUNT(S)	AMOUNT	NOTES
Savings Account #1		
Savings Account #2		
Total Savings Balance		<i>Note: Numbers must match attached documentation</i>
OTHER ASSETS*	EST. VALUE	NOTES

*Other assets may include: stocks, bonds, land, second homes, retirement accounts, recreational vehicles (boats, trailers, etc.)



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7. Dependents (if applicable):

1. _____	Relationship: _____	Age: _____
2. _____	Relationship: _____	Age: _____
3. _____	Relationship: _____	Age: _____
4. _____	Relationship: _____	Age: _____
5. _____	Relationship: _____	Age: _____

8. Have you applied for and/or received other financial assistance related to this request? If so, when and from what source? (Include GoFundMe, FundtheFirst, or other fundraiser link if applicable)

9. Does the intended recipient of the grant have any family or business relationships with any Fire Family Foundation board members, officers, or staff? No Yes, please describe:

10. How did you hear about the Fire Family Foundation?

11. Required attachments:

Please note: Applications must include all required attachments listed below. Applications that are submitted without all of the required attachments are considered incomplete and cannot be reviewed.

- Most recent bank statement(s) (showing individual transactions) for all accounts
- Most recent credit card statement(s) for all credit cards
- Most recent pay stub (for both you and your spouse, if applicable)
- Documentation of all other sources of income, if applicable (e.g. child support, pension, etc.)
- Copy of current firefighter ID or other documentation proving firefighter status and/or retirement
- If your application relates to medical treatment (including mental health treatment) for yourself, your spouse, or a dependent: documentation from a doctor that states diagnosis and treatment plan
- Other documentation to demonstrate financial need and/or support the details of your application, as necessary (e.g. relevant news articles, large unexpected bills, etc.)
- Current copies of all bills listed on pg. 1 of this application (“4. Amount of financial assistance requested”)

SUBMITTING APPLICATIONS AND REQUIRED ATTACHMENTS: Documents may be **mailed** to 1520 W. Colorado Blvd., Pasadena, CA 91105; **emailed** to info@firefamilyfoundation.org; or **faxed** to (323) 550-4959.



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12. Important notes about the application process:

- Please completely fill out this application and submit it with all of the required attachments. Applications that are missing attachments or that are unreadable will be considered incomplete.
- We may contact you for a brief phone interview after we have reviewed your application and attached documentation. If our employees are unable to reach you, your application may be considered incomplete.
- Fire Family Foundation employees may contact your current/former fire department to verify employment.
- The Fire Family Foundation Board of Directors meets once per month to review applications. Depending on when your application is received, a response to your application may take over a month.

If you have read the above and agree to adhere to the application process, initial here: _____

13. Certification:

By signing below, I certify that all of the information and documentation that I have provided to the Fire Family Foundation on, and in connection with, this application is true, correct and complete, to the best of my knowledge. With my signature, I authorize the Fire Family Foundation to request any type of credit/background reports that is needed to process this application request.

I understand that:

- The Fire Family Foundation is a Section 501(c)(3) tax-exempt nonprofit corporation, and is subject to various legal requirements in awarding grants under the Fire Family Relief Fund. All grants will be made in accordance with the Grantmaking Guidelines of the Fire Family Relief Fund and applicable law.
- Additional information and documentation may be required (1) in order to qualify for a grant, and/or (2) after a grant is made, to confirm that the grant funds were used for the intended purposes (e.g., receipts). The Fire Family Foundation will determine in its sole discretion whether the documentation provided is sufficient.
- The Fire Family Foundation seeks to support individuals who are eligible for assistance under the Fire Family Grantmaking Guidelines. However, eligibility for a grant does not guaranty that a grant will be awarded. All grants will be made by the Fire Family Foundation in its sole discretion.
- By signing this form, I acknowledge and agree that if a grant is awarded: (1) the grant funds must be used for the purposes described in this application, and (2) any amounts not used for those purposes (or other purposes subsequently approved by the Fire Family Foundation) must be returned to the Fire Family Foundation.

Signature

Date