WBC JOSE SULAIMAN BOXERS FUND

**REQUEST FOR ASSISTANCE**

**APPLICANT´S PERSONAL INFORMATION:**

Last name: First name(s):

Home street address:

City: State: Zip:

Phone: \_\_\_ E-mail address (if available):

**BOXERS’ ID (if applicable):**

**NOTE: Please share the boxer’s ID if applicable, so that the committee can confirm your ID with your boxer’s card.**

**IS SOMEONE HELPING THE APPLICANT TO FILL OUT THIS FORM? If so, who?**

Last name: First name(s):

Phone: \_\_\_ E-mail address (if available):

**HOW ARE THE APPLICANT AND THE PERSON HELPING WITH THE APPLICATION RELATED OR AFFILIATED? Circle best answer:**

1) Family/relative 2) Friend 3) Handler 4) Professional (Personal Doctor/Lawyer/Accountant, etc.)

**WHAT IS THE NATURE OF APPLICANT’S HARDSHIP? Circle and answer all that apply to you.**

**1) Medical –** *Diagnosis/When? Disabled/When?*

*Infirmed/When?*

**2) Death –** *Date of Passing?*

**3) Unemployed/Insufficient Income –** *Reason?* *Since When?*

**4) Abandoned/Homeless –** *Since When? Do you live in a shelter or street?*

**5) Undergoing foreclosure, nearing homelessness –** *Eviction date?*

**6) Lives with family, burden on family –** *Since When?*

**7) Other -** *Explain***:**

**CIRCLE TYPE OF ASSISTANCE REQUESTED:** (Please attach any valid supporting documents. Examples listed below may include, but are not limited to, the following.)

**1) Mortgage or rent assistance** Monthly mortgage/rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) Utilities**  Estimated Balance owed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3) Medical bills**  Estimated Balance owed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4) Medical co-pays** Estimated Balance owed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5) Prescription medication cost** Estimated Balance owed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6) Medical & Dental Assessments** Estimated Cost of Assessments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7) Dental health** Estimated Cost of Assessments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8) Car Repairs** Estimated Cost of Assessments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9) Caretakers**  Hours needed per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10) Service dog, companion** Medically endorsed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL AMOUNT REQUESTED IN USD? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(International applicants only) WHAT IS YOUR LOCAL CURRENCY?**

**NOTE: For international applicants, please estimate your need in USD based on the exchange rate as of the application submission date.**

**SUPPORTING DOCUMENTATION**

**NOTE: For your request to be reviewed, you must provide the following documentation along with your completed application. Failure to provide supporting documentation may result in the denial of your request. Please remember that assistance is provided based on a qualifying event/crisis. Assistance is not provided solely on the basis of need.**

**Supporting documentation such as medical letters and certifications must be translated into English.**

*\*It is the responsibility of the applicant to provide copies of supporting documentation and black out all Social Security Numbers and bank account numbers.*

**YOU MUST SUBMIT THE FOLLOWING:**

Copy of applicant’s driver's license or any government issued ID

Copy of the applicant’s most recent paycheck stub

\_\_\_\_\_ Copy of the any checks or other documentation of government assistance

Recent bank statement (if available)

Proof of income for spouse or domestic partner (if applicable)

**DEPENDING ON THE TYPE OF ASSISTANCE, SUBMIT THE FOLLOWING:**

**Mortgage or rent payment**

Copy of rental/lease agreement or copy of mortgage coupon/statement bearing applicant’s name

Copy of Pay or Quit notice or Eviction notice bearing applicant’s name

Letter or statement from mortgage company indicating amount past due; eviction or foreclosure notices are also acceptable

IRS Form W-9 from apartment complex or mortgage company.

**Utilities** (for example: water, gas, electricity, and waste disposal)

Copy of utility bill bearing applicant’s name

Copy of utility bill delinquency/disconnection/termination notice bearing applicant’s name or a statement from the utility company

**Medical Illness or Injury**

Letter from physician explaining medical issue

Proof of medical leave of absence

Medical bill’s in applicant’s name

Explanation of benefits issued by insurance company (if applicable)

Copy of medical insurance bill

**Other** (please describe):

**ADDITIONAL QUESTIONS: Please circle.**

1) Do you have a fixed monthly income? YES NO If yes, how much? \_\_\_\_\_\_\_\_\_\_

2) Do you receive a monthly pension or retirement? YES NO If yes, how much? \_\_\_\_\_\_\_\_\_\_

3) Do you receive government assistance? YES NO If yes, how much? \_\_\_\_\_\_\_\_\_\_

4) Do you know your estimated total debt? YES NO If yes, how much? \_\_\_\_\_\_\_\_\_\_

5) Do you live with a spouse/domestic partner? YES NO If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Do you have any dependents? YES NO If yes, how many? \_\_\_\_\_\_\_\_\_\_

Age/s?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Have you received money from the WBC YES NO If yes, when? \_\_\_\_\_Amount?\_\_\_\_\_\_\_

or any boxing affiliate within the last 36 months?

8) Do you have a Special Needs Trust YES NO If yes, who is the Trustee? \_\_\_\_\_\_\_\_\_

**By signing below, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. I authorize NEVADA COMMUNITY FOUNDATION on behalf of the WBC JOSE SULAIMAN BOXERS FUND, to disclose any confidential and/or financial information to the third-party administrator as it pertains to the above request. I voluntarily authorize the release of my protected health information to the administrator for processing of this application.**

**I understand the criteria, eligibility and application process of the WBC JOSE SULAIMAN BOXERS FUND.**

**Signature of applicant:** **Date:**