

# SWIFT EAGLE CHARITABLE FOUNDATION

P.O. Box 1977 • Avon, Colorado 81620 • phone 970-401-4820 • 970-300-2652 • info@swift eagle.org

## APPLICATION FOR ASSISTANCE

DATE: \_\_\_\_\_

Have you previously applied for assistance from Swift Eagle Charitable Foundation?  YES  NO When: \_\_\_\_\_

Prefer Spanish speaking contact?  YES  NO  Doesn't Matter

### APPLICANT INFORMATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  OWN  RENT TYPE OF DWELLING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ YEARS AT CURRENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ YEARS IN EAGLE COUNTY: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED  SEPARATED  WIDOWED

RESIDENCE STATUS:  US CITIZEN  LEGAL RESIDENT  UNDOCUMENTED RESIDENT

If legal resident, type of Visa and Expiration Date: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

### PLEASE LIST 3 NON-FAMILY CHARACTER REFERENCES THAT WE MAY CONTACT AND THEIR CONTACT INFORMATION:

1. \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ PHONE: \_\_\_\_\_

3. \_\_\_\_\_ PHONE: \_\_\_\_\_

### APPLICANT EMPLOYMENT INFORMATION

MOST RECENT EMPLOYER: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_ YEARS THERE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ YEARS THERE: \_\_\_\_\_

IF NECESSARY, MAY WE CONTACT YOUR CURRENT AND PREVIOUS EMPLOYERS?  YES  NO

### SPOUSE EMPLOYMENT INFORMATION

MOST RECENT EMPLOYER: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ SALARY: \_\_\_\_\_ YEARS THERE: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ YEARS THERE: \_\_\_\_\_

IF NECESSARY, MAY WE CONTACT YOUR CURRENT AND PREVIOUS EMPLOYERS?  YES  NO

### FAMILY MEMBERS AND/OR ROOMMATES LIVING WITH YOU (Please include parents, spouse, children, and any other close relatives)

NAME	AGE	RELATIONSHIP	OCCUPATION	US CITIZEN	LEGAL RESIDENT	UNDOCUMENTED RESIDENT
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**MEDICAL INSURANCE INFORMATION** (if applicable)

DO YOU HAVE MEDICAL INSURANCE?  YES  NO NAME OF INSURANCE CARRIER \_\_\_\_\_

DOES YOUR EMPLOYER OFFER MEDICAL INSURANCE?  YES  NO

IS THERE A PROBLEM WITH YOUR CURRENT POLICY, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

**SPECIFIC ASSISTANCE REQUESTED**

IF APPROVED, WHAT WOULD THE GRANT BE USED FOR? \_\_\_\_\_

\_\_\_\_\_

HAVE YOU SET UP A PAYMENT PLAN WITH YOUR MEDICAL CREDITOR(S)? APPLIED FOR AID/FORGIVENESS OF BILL(S)? \_\_\_\_\_

HAVE YOU CONTACTED EAGLE COUNTY HEALTH & HUMAN SERVICES? \_\_\_\_\_ 970-328-8840

WHAT OTHER ORGANIZATIONS HAVE HELPED YOU? WHEN AND HOW MUCH WERE YOU GRANTED? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAY WE CONTACT THESE ORGANIZATIONS FOR INFORMATION?  YES  NO Signature \_\_\_\_\_ Date \_\_\_\_\_

**BACKGROUND INFORMATION** Please use this space to describe the circumstances leading to the present situation of need. Attach any additional documentation, bills or information that may be helpful in explaining the situation and the necessity. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT IMMEDIATE STEPS CAN YOU TAKE TO IMPROVE YOUR FINANCIAL SITUATION? WHAT IS YOUR LONG TERM PLAN TO ACHIEVE FINANCIAL STABILITY?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL FINANCIAL INFORMATION: PLEASE COMPLETE THE FOLLOWING**

<b>ASSETS</b>	<b>DEBTS/OBLIGATIONS</b>	<b>MO. PAYMENT</b>
Cash in bank: \$ _____	Credit card balances:\$ _____	\$ _____
Stocks/bonds: \$ _____	Stock loans: \$ _____	\$ _____
Cash value of Life Insurance: \$ _____	Life insurance loans:\$ _____	\$ _____
Real Estate:		
Residence: \$ _____	Mortgage balance: \$ _____	\$ _____
Rentals: \$ _____	Mortgage balance: \$ _____	\$ _____
Other: \$ _____	Mortgage balance: \$ _____	\$ _____
Automobiles: (year/make)		
_____ : \$ _____	Auto loan/lease: \$ _____	\$ _____
_____ : \$ _____	Auto loan/lease: \$ _____	\$ _____
_____ : \$ _____	Auto loan/lease: \$ _____	\$ _____
List Retirement accounts and amount in each:		
IRAs: \$ _____	Loans against	
401K: \$ _____	Retirement funds: \$ _____	\$ _____
Pension: \$ _____		
Other: \$ _____		

**GROSS MONTHLY INCOME**

Salary of applicant: \$ \_\_\_\_\_

Salary of spouse: \$ \_\_\_\_\_

Social Security payments: \$ \_\_\_\_\_

Portion of rent paid by others \$ \_\_\_\_\_

Other household income:  
(describe)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Alimony/child support or maintenance: \$ \_\_\_\_\_

**MONTHLY EXPENSES**

Mortgage or rent: \$ \_\_\_\_\_

Homeowners' dues: \$ \_\_\_\_\_

Medical Insurance: \$ \_\_\_\_\_

Other insurance:  
(describe)

\_\_\_\_\_ \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Medical Bills: \$ \_\_\_\_\_

Prescriptions: \$ \_\_\_\_\_

Childcare: \$ \_\_\_\_\_

**REQUESTED PAPERWORK**

- Please include a copy of your lease
- Please include two months checking account bank statements
- Please include any other applicable bills for which you are requesting assistance

**WAIVER OF LEGAL RIGHTS**  
**Release of Confidential Information**

Applicant signature(s) at the bottom of this document constitute permission for Swift Eagle Charitable Foundation or any of its members to gather information deemed appropriate by the Foundation. This information includes, but is not limited to, financial, medical, employment, housing, public assistance, or any other information needed by the Fund for maintenance of its non-profit purposes.

The Applicant(s) allow Swift Eagle to contact any individuals or entities to verify the validity of any representations made by the applicant(s).

The signature(s) serve to release Swift Eagle from any subsequent liability for gathering information heretofore confidential.

Dated: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_