



# Real Wishes Foundation

125 S. 2<sup>nd</sup> Street  
Sierra Vista, AZ 85635  
(520) 458-5709 or (520) 458-7802 Fax (520) 458-7620  
501-C3 Tax ID 26-2269744  
[www.RealWishesFoundation.org](http://www.RealWishesFoundation.org)



## Application for Assistance

*The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving assistance.*

*All applicants submitting an application for assistance will be subject to a background check.*

Applicant Name: \_\_\_\_\_

How did you hear about the Foundation: \_\_\_\_\_

Applying for: *(please use attach additional paper or letter if more space is needed to explain your needs)*

Item(s) need: \_\_\_\_\_

Home repair need: \_\_\_\_\_

If home repair, do you:  OWN  RENT

IF RENTING –Home Owner contact info: \_\_\_\_\_

*Note: If applying for home repair, we must contact the owner of the property. By applying for assistance, you allow us to do this.*

Financial Assistance: \_\_\_\_\_

Other: \_\_\_\_\_

Reason that you are applying for assistance:

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Applicant Address: \_\_\_\_\_

Applicants Mailing address (if different than above): \_\_\_\_\_

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NAME: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Applicant Employer: \_\_\_\_\_

Number of Persons dependent on applicant, per income tax return: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouses Date of Birth: \_\_\_\_\_

Spouses Employer: \_\_\_\_\_

**Budget Form:** In addition to the application, a Real Wishes Foundation Assistance Budget Form must also be completed and submitted with the application.

**Each person requesting assistance must provide valid identification.**

Depending on the nature, scope and complexity of the request, additional supporting documentation or information may be needed to process the request. Applicants are encouraged to attach separate letters, statements or other documents to their application when necessary to help support their request and explain extenuating circumstances that would not be evident in the application and other documentation.

I certify that all information on this application is true and complete to the best of my knowledge. I further understand that any misrepresentation may result in the denial of all further assistance from the Real Wishes Foundation. I understand that I am applying for assistance and that assistance is not guaranteed by my application. I understand that I must supply two (2) months' worth of all bank statements to assist with verifying income.

I understand that by submitting this application I am subject to a background check.

\_\_\_\_\_  
Sign and Date

*If you are applying for someone else we realize you may not have access to all of the requested information. Please fill out what you can.*

Your Name (if applying for someone else) \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

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***Do not write past this line – For Foundation use only***

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Date Reviewed by Board of Directors: \_\_\_\_\_

Wish: Approved / Denied



Real Wishes Foundation - Name \_\_\_\_\_

### Assistance Budget Form

**Instructions:** Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Attach a pay statement for each source of income.** Do not include expenses in more than one category. When finished, return this, along with your application for assistance and supporting documents to the Real Wishes Foundation.

#### Monthly Income

Income		Other Income	
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You must supply 2 months' worth of bank statements

#### Monthly Expense

Housing Expenses		Family Living Expenses	
Rent/Mortgage		Groceries <i>(not covered by EBT)</i>	
Electric		Household Items	
Water/Sewage/Garbage		Child Care	
Gas/Propane		Phone/TV	
Other <i>(Explain Below)</i>		Medical/Dental Care	
<b>Total Housing Expenses</b>		<b>Total Family Living Expenses</b>	
Transportation Expenses		Insurance <i>(not included as part of other payments)</i>	
Gasoline		Health Medical/Dental	
Other <i>(Explain Below)</i>		Automobile	
<b>Total Transportation Expenses</b>		<b>Total Family Living Expenses</b>	
Other Expenses		Total Expenses and Expenditures	
Alimony (Paid)		Housing	
Child Support (Paid)		Family Living	
Other <i>(Explain Below)</i>		Transportation	
<b>Total Other Expenses</b>		Insurance	
<b>Comments:</b>		Other Expenses	
		<b>Total Expenses</b>	

#### Installment Loans

Payee	Purpose of Loan	Balance Owed	Monthly Payment
<b>Total</b>			

#### Summary

Income		Less:	
<b>Comments:</b>		Expenses	
		Installment Pmts	
<b>Monthly Surplus or Deficit</b>			