SWIFT EAGLE CHARITABLE FOUNDATION

P.O. Box 1977 • Avon, Colorado 81620 • phone 970-401-4820 • 970-300-2652 • info@swifteagle.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 ☐ Doe	esn't Matter				
APPLICANT INFORMATION					
NAME:		AGE:	DATE OF BII	RTH:	
PHYSICAL ADDRESS:					
MAILING ADDRESS:					
PHONE: E					
MARITAL STATUS:SINGLEMARRIEDD					
RESIDENCE STATUS:US CITIZENLEGAL RESID					
If legal resident, type of Visa and Expiration Date:					
LANDLORD'S NAME: PHO					
PLEASE LIST 3 NON-FAMILY CHARACTER REFERENCES T	HAT WE MAY CONTACT AN	D THEIR CONTAC	CT INFORMATION	:	
1		_	·-		_
2					
3		P	HONE:		
A DDI ICANIT EMPLOYMENT INFORMATION					
APPLICANT EMPLOYMENT INFORMATION MOST RECENT EMPLOYER:			TYPE OF BUILDING	cc.	
CONTACT PERSON:					
POSITION HELD:					
PREVIOUS EMPLOYER:		_	YEARS IH	EKE:	
IF NECESSARY, MAY WE CONTACT YOUR CURRENT AND PRE	EVIOUS EMPLOYERS? LI YES	LI NO			
SPOUSE EMPLOYMENT INFORMATION					
MOST RECENT EMPLOYER:			TYPE OF BUSINE	SS:	
CONTACT PERSON:	PHONE:				
POSITION HELD:	SALARY:		YEARS TH	ERE:	
PREVIOUS EMPLOYER:			YEARS TH	ERE:	
IF NECESSARY, MAY WE CONTACT YOUR CURRENT AND PRE	EVIOUS EMPLOYERS?	□NO			
FAMILY MEMBERS AND/OR ROOMMATES LIVING WITH	YOU (Please include parent	s. snouse. childre	en, and any other	close relatives)	
	•	OCCUPATION		N LEGAL RESIDENT	UNDOCUMENTED RESIDENT
			□		
			□		

MEDICAL INSURANCE INFORMATION	(if applicable)							
DO YOU HAVE MEDICAL INSURANCE? _	YES	NO	NAME OF INSURA	ANCE CARRIER				
DOES YOUR EMPLOYER OFFER MEDICAL	INSURANCE?		_YESNO					
IS THERE A PROBLEM WITH YOUR CURRE	ENT POLICY, P	PLEASE I	EXPLAIN:					
SPECIFIC ASSISTANCE REQUESTED								
IF APPROVED, WHAT WOULD THE GRAN	T BE USED FC	DR?						
HAVE YOU SET UP A PAYMENT PLAN WI	TH YOUR MEI	DICAL C	reditor(s)? Appli	ed for AID/Forgiv	/ENESS OF BILL(S	5)?		
HAVE YOU CONTACTED EAGLE COUNTY	HEALTH & HU	JMAN S	SERVICES?					970-328-8840
WHAT OTHER ORGANIZATIONS HAVE HI	ELPED YOU? \	WHEN A	AND HOW MUCH W	ere you granted	?			
MAY WE CONTACT THESE ORGANIZATIO	NS FOR INFO	RMATIC	DN? □ YES □ NO) Signature			Date	
BACKGROUND INFORMATION Please	use this spa	ace to	describe the circu	mstances leading	to the presen	t situation (of need. Attac	h any additional
documentation, bills or information t	hat may be h	elpful i	in explaining the s	ituation and the r	ecessity.			
						(USF A	DDITIONAL PAC	GES IF NECESSARY

ACHIEVE FINANCIAL STABILITY? PERSONAL FINANCIAL INFORMATION: PLEASE COMPLETE THE FOLLOWING **ASSETS DEBTS/OBLIGATIONS** MO. PAYMENT Credit card balances:\$ __ Cash in bank: \$ ___ Stocks/bonds: \$ _____ Stock loans: Cash value of __ \$_ Life insurance loans:\$_____ Life Insurance: \$ ___ Real Estate: Residence: \$ ___ Mortgage balance: \$___ _____ \$____ Mortgage balance: \$______\$ Rentals: 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 MONTHLY EXPENSES** Salary of applicant: Mortgage or rent: \$____ Salary of spouse: Homeowners' dues: \$____ Social Security payments: \$ _____ Medical Insurance: \$____ Portion of rent paid by others Other insurance: (describe) Other household income: Food: (describe) Medical Bills: Prescriptions: Childcare: Alimony/child support or maintenance: **REQUESTED PAPERWORK** \square 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

WHAT IMMEDIATE STEPS CAN YOU TAKE TO IMPROVE YOUR FINANCIAL SITUATION? WHAT IS YOUR LONG TERM PLAN TO

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 Competition		
Applicant Signature:		
Printed name:		
Applicant Signature:		
Printed name:		