



APPLICATION FOR FINANCIAL ASSISTANCE

Tax ID: 364519083

The mission of SLO LEAF is to provide immediate and temporary financial assistance to law enforcement agency personnel and their immediate families, who are currently employed or honorably retired from a San Luis Obispo County law enforcement agency, in a time of death, serious injury, critical illness or other catastrophic circumstances.

Instructions
1. Complete all sections of this form.
2. Include copies of invoices/bills for which you are requesting funding.
3. Include copies of receipts for which you are requesting reimbursement.
4. Mail this form and copies of bills/receipts to the address at the bottom of this application.
<i>Upon approval, SLO LEAF pays outstanding bills directly to creditors.</i>

Employee Information <i>(Please Print)</i>				
Agency:		Employee Name:		Active <input type="checkbox"/> Retired <input type="checkbox"/> Year:
Requesting assistance for: <input type="checkbox"/> Self <input type="checkbox"/> Immediate Family Member			Relationship:	Family Member Name:
Mailing Address:		City:		State: Zip:
Mobile Phone: () -	Work Phone: () -	Home Phone: () -	Email:	

Explain your request for funding <i>(Attach paper if more room is needed)</i>					
Total amount requested on this application: \$			Do you plan to request additional funds?		
Type of assistance requested:	<input type="checkbox"/> Direct <i>(Bill pay to creditors)</i> <input type="checkbox"/> 501c (3) Fiduciary <i>(For your fundraising activity)</i>		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown at this time

<i>(Agency Use Only)</i>			
D.A. Sheriff Chief			
	Signature	Print Name	Date

SLO Leaf
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