



FINANCIAL ASSISTANCE APPLICATION

Tax ID: 364519083

The mission of SLO LEAF is to provide immediate and temporary financial assistance to San Luis Obispo County law enforcement personnel and their immediate families, who are currently employed or honorably retired and who are experiencing a catastrophic financial need due to; serious injury, critical illness or at time of death.

Instructions
1. Requesting employee should complete all sections of this form including signatures. 2. Email/mail application form, all pertinent copies of invoices, bills, receipts and credit card statements to SLO LEAF at the address below.
IF APPROVED, PAYMENT WILL BE MADE DIRECTLY TO CREDITORS

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

Explain your request for funding <i>(Attach paper if more room is needed)</i>
Total amount requested on this application: \$ _____
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>
Do you plan to request additional funds? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown at this time
I do hereby certify all the information to be correct and true.
REQUESTING EMPLOYEE SIGNATURE: _____ DATE: _____

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

SLO LEAF
 P.O. Box 13126
 San Luis Obispo, CA 93406
www.sloleaf.org

Contact CJ Hunt with questions | 805.801.4616 | sloleaf@gmail.com