

**Clackamas County Peace Officer's Benevolent Foundation
Charitable Assistance Application Form**

Applicant Information

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Male Female
Home Phone: _____ Work Phone: _____ E-Mail: _____
Police agency in Clackamas County: _____ Phone: _____

Recipient Information

If same as applicant, please check here , fill in the social security number information and skip down to Nature of Financial Need.

Name: _____
Social Security #: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Male Female
Home Phone: _____ Work Phone: _____ E-Mail: _____
Police agency in Clackamas County: _____ Phone: _____

Nature of Financial Need

Please answer the following questions on additional sheets of paper and attach to this application.

NOTE: You must provide a summary of your current financial situation, to include income, expenses and assets.

Why do you need charitable financial assistance?
When did the situation resulting in financial need begin? How?
Have you exhausted all other possible means to meet this financial need? What and how?
If this is an injury, was it on-duty or off-duty?
Are you currently receiving Worker's Compensation, Long Term Disability Insurance, Disability from the Social Security Administration or any other source of government or insurance funding?
Is this situation a short-term, long-term or permanent situation? Please explain.
Are you receiving any other charitable financial assistance from any other source?
Are you receiving medical or other bills that you are unable to pay? How often and how much do they average?
Are you willing to have funds raised in your name?

Important Information

The CCPO Benevolent Foundation is a 501(c)(3) non-profit charitable organization. The Internal Revenue Service dictates the rules the CCPOBF is to follow. A person must demonstrate 'financial need' before a 501(c)(3) can contribute money to the person. Financial need means that the person has exhausted all other means to pay medical bills, living costs, etc. This may include "cashing out" deferred comp or other savings and investments. Funds donated are to pay specific bills that are presented by the person to the CCPOBF on a case by case basis. A periodic review of financial need may be done. Funds raised in the name of the person will be the property of the CCPOBF. As long as the person has qualifying financial need, funds raised will be used for that person. Once the financial need is no more, any remaining funds will be put into the CCPOBF General Fund to use for other Foundation activities. If any information provided above proves to be intentionally misleading, the application may be immediately disqualified.

I understand this information and signify my understanding with my signature below.

Signature _____ Date _____

State of OREGON

County of Clackamas

Signed or attested before me on _____ 20__ by _____

Signature of Notary

Notary Public – State of Oregon