

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

## Personal Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name  
(Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Maiden): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

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

Circle one: **Male Female** Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:  Single  Engaged  Married  Separated  Divorced  Widowed  Never married

## Information on Spouse/Significant Other

Name  
(Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Maiden): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

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

Circle one: **Male Female** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Please List Your Specific Requests

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What events led to your needing assistance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received assistance from CCPOBA in the past?  Yes  No  
When and What Help Did You Receive?

\_\_\_\_\_  
\_\_\_\_\_

**List All Other Individuals Sharing Your Household**

Name Age Date of Birth Relationship Monthly Income

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Employment History**

Present/Most Recent Employer

\_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

Position and Job Description:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_  
\_\_\_\_\_

If you are unemployed, are you currently seeking employment?  Yes  No

How long have you been unemployed? \_\_\_\_\_

Reason: \_\_\_\_\_

What steps are you taking to seek active employment?

\_\_\_\_\_  
\_\_\_\_\_

## Spouse/Significant Other Employment History

Present/Most Recent Employer

\_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Position and Job Description

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving

\_\_\_\_\_  
\_\_\_\_\_

## Housing

Own/Purchasing \_\_\_\_\_ or Renting \_\_\_\_\_

How long have you been at your present address? \_\_\_\_\_

Landlord/Mortgage Company

\_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Previous address, landlord's name, and phone number:

\_\_\_\_\_  
\_\_\_\_\_

How long were you there and why did you move?

\_\_\_\_\_  
\_\_\_\_\_

Do you have access to a car?  Yes  No

## Monthly Income

Job #1 (take home pay) \$ \_\_\_\_\_  
How often paid? \_\_\_\_\_  
Job #2 \$ \_\_\_\_\_  
Spouse's Job #1 \$ \_\_\_\_\_  
Spouse's Job #2 \$ \_\_\_\_\_  
Child or Spousal Support \$ \_\_\_\_\_  
Retirement \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
SSI/Disability \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

**TOTAL Monthly Income \$ \_\_\_\_\_**

## Monthly Expenses Balance

Tithes/Contributions	\$ _____	
Rent	\$ _____	
Mortgage	\$ _____	\$ _____
Car payment(s)	\$ _____	\$ _____
Auto Insurance	\$ _____	
Auto (gas & oil)	\$ _____	
Electric/Gas	\$ _____	
Water	\$ _____	
Food	\$ _____	
Phone (Cell & Home)	\$ _____	
Cable TV/Internet	\$ _____	
Day Care	\$ _____	
Child Support	\$ _____	
Furniture/Appliances	\$ _____	\$ _____
Credit Cards	\$ _____	\$ _____
School Loans	\$ _____	\$ _____
Bank Loans	\$ _____	\$ _____
Other	\$ _____	\$ _____
Finance Co. Loans	\$ _____	\$ _____

**TOTAL Monthly Expenses \$ \_\_\_\_\_ \$ \_\_\_\_\_**

**Additional Information**

Have you contacted anyone else for assistance within the last six months? Please specify:

Family  Friends  Churches  Agencies

\_\_\_\_\_

What steps are you taking to improve your present situation?

\_\_\_\_\_  
\_\_\_\_\_

Who suggested you contact the CCPOBF?

\_\_\_\_\_

Their relationship to you?

Phone: \_\_\_\_\_

May we contact your listed references?  Yes  No

Do they know about your needs?  Yes  No

Are you disabled?  Yes  No

Do you have physical or emotional issues that hinder you from meeting your financial needs?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_  
\_\_\_\_\_

Are you willing to participate in a self-help program?  Yes  No

References' names and phone numbers (other than relatives):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***I authorize representatives of the Clackamas County Peace Officers Benevolent Foundation to verify all information provided:***

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_