



City of Fairfax Fire Department Benevolent Fund Intake Application for Assistance

Requestor's Name:	Date of Request:
Email Address:	Phone #:
Affiliation to the City of Fairfax Fire Department:	
Board of Director Contacted:	

Demographics

Recipient's Name:	Date of Birth:	
Email Address:	Phone #:	
Affiliation to the City of Fairfax Fire Department:		
Employment:		
Address:		
City:	State:	Zip Code:

Spouse's Name:	Date of Birth:	
Employment:		
Address:		
City:	State:	Zip Code:

Recipient's Dependants:

Amount Requested:
Request Justification:

Background Information and Justification:

What other arrangements have you made to meet this need?

Would you like assistance in arranging financial counseling?
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Average Monthly Income:	Average Monthly Expenses:
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Has the recipient previously requested compensation from the City of Fairfax Fire Department's Benevolent Fund? _____
If so, describe when the request(s) were made and the outcome? _____

If you are requesting a bill payment, please supply the following information

Company Name:		
Phone:	Contact Person:	
Address:		
City:	State:	Zip Code:
Account Number:	Amount Due:	Due Date:

I _____, affirm the information submitted is accurate to the best of my knowledge and understand that if any information was given under false pretenses the request shall be considered fraud and may be punishable under the law and City of Fairfax Administrative Regulations.
Signature: _____

For Benevolent Fund Committee Use Only

Directors	Signature of Approval	Signature to Deny	Date
Andrew Vita			
Josh McCuin			
Amy Mellender			
Mike Sutton			
Joe McDonald			
Walter English			
Carol DiRusso			
Page Whitacre			

Comments:

Amount Requested:	Amount Approved:
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Date Check Paid:	Check payable to:	Check #:
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Formal follow up response to requestor mailed on:
Formal follow up response to the recipient mailed on: