

*****All details must be fully completed on the form for consideration***
Incomplete forms will delay or reject your application.**



Application for an
Individual
Requesting Funds from Quota

DATE: _____

How did you hear about Quota? _____

APPLICANT CONTACT INFORMATION

NAME: _____ AGE: _____

PARENT OR GUARDIAN (IF APPLICABLE): _____

OCCUPATION: _____ GROSS ANNUAL INCOME: _____

ARE YOU WILLING TO PROVIDE FINANCIAL INFORMATION? **YES** or **NO**.

If NO, WHY NOT? _____

MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____

TOTAL NUMBER OF DEPENDENTS: _____ TOTAL NUMBER IN HOUSEHOLD: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL _____ CELL PHONE# _____ OTHER PHONE# _____

REQUEST FOR FUNDS: DESCRIBE IN DETAIL WHAT YOU ARE REQUESTING FUNDS FOR & EXPLAIN WHY HELP IS NEEDED.

*******TO FACILITATE YOUR REQUEST PLEASE ATTACH ANY DOCUMENTATION PERTAINING TO YOUR REQUEST *****
OR ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER**

FINANCIAL INFORMATION

COST OF THE REQUESTED PRODUCT OR SERVICE: _____

PROVIDE A QUOTE/INVOICE OR ANY OTHER DOCUMENTATION PERTAINING TO THE COST
YES I HAVE or **NO I DON'T**. IF NO, WHY? _____

WHO DOES THE PAYMENT GO TO? _____

WHERE DOES THE PAYMENT NEED TO BE SENT? _____

WHAT IS THE DEADLINE FOR THE FUNDS TO OBTAIN THE PRODUCT/SERVICE? _____

DOES THIS ESTIMATE INCLUDE A PROFESSIONAL DISCOUNT? **YES** or **NO** IF YES, HOW MUCH _____

DO YOU QUALIFY FOR BENEFITS THROUGH THE OREGON HEALTH PLAN OR VIM? **YES** or **NO**
IF YES, PLEASE DESCRIBE _____ AND HOW MUCH? _____

CAN YOU OR ARE YOU PREPARED TO PAY A PORTION OF THE COST IF NEED? **YES** or **NO**
IF YES, HOW MUCH? _____ IF NO, WHY NOT? _____

DOES YOUR HEALTH INSURANCE PROVIDE ANY COVERAGE? **YES** or **NO**
IF YES, HOW MUCH? _____

ARE YOU ELIGIBLE FOR FINANCING THROUGH A BANK, CREDIT UNION, FINANCE COMPANY OR FINANCIAL ASSISTANCE THROUGH THE PROVIDER OF THE SERVICE/PRODUCT? **YES** or **NO**

COMMUNITY SERVICE / QUOTA:

ARE YOU WILLING OR ABLE TO VOLUNTEER FOR A COMMUNITY SERVICE PROJECT THROUGH QUOTA?
YES or **NO**. IF NO, WHY NOT? _____

IF AWARDED A BENEFIT, CAN YOU ATTEND A QUOTA MEETING TO OFFER A BRIEF TESTIMONIAL?
YES or **NO**. IF NO, WHY NOT? _____

SUBMIT COMPLETED REQUEST TO:

**QUOTA SERVICE COMMITTEE, PO BOX 1372, BEND, OR 97709
Or EMAIL TO: quotaofcoservice@gmail.com**

**NOTE: THE PROCESS FOR OBTAINING FUNDING APPROVAL TAKES 30-60 DAYS
FUNDS ARE GENERALLY PAID DIRECTLY TO THE VENDOR.**

QUOTA USE ONLY				
APP RECEIVED: _____ _____	SERVICE MTG _____ APPROVE / DECLINED OTHER _____	BOARD MTG: _____ APPROVE / DECLINED OTHER _____	GENERAL MTG: _____ APPROVE / DECLINED OTHER _____	CHECK REQUEST: # _____