Real Wishes Foundation

125 S. 2nd Street
Sierra Vista, AZ 85635
(520) 226-9607 Fax (520) 458-7620
501-C3 Tax ID 26-2269744
www.RealWishesFoundation.org
info@realwishesfoundation.org

Thank you for contacting the Real Wishes Foundation.

The eligibility consideration process is initiated when an Application for Assistance is submitted to the Real Wishes Foundation. The application form is the first step to receiving a wish – it is not confirmation of eligibility for a wish.

Applicants are to read, thoroughly complete and sign the application for assistance. If there is insufficient space on the application, additional pages may be attached, as needed, to provide complete information. This information should be detailed enough for the Foundation to understand the applicant's need and to assist in deciding on the request.

All applicants applying for assistance will be subject to a background check.

The completed signed application, budget form, bank and income statements, valid identification, along with endorsements and supporting documents, will form the basis for determining if assistance may be provided. However, in more complex or unusual cases, in addition to the information provided on the application, applicants are encouraged to provide an additional statement that may help explain or justify the need for assistance.

Generally, the more information provided by the applicant explaining the situation they are in, their need, and what they are expecting from the Real Wishes Foundation, the easier it will be to understand the applicant's request and to make the correct decision as to whether or not assistance may be provided.

All wish requests are brought before the Real Wishes Board of Directors at the monthly meeting.

Our vision is to assist those individuals and organizations in need in our community. While not every wish is granted, the Foundation attempts to make the public aware of other assistance that may be available in our community through our Resource Guide which can be found on our website.

The Real Wishes Foundation is a local 501c3 charity that is funded and supported through volunteers, fund raisers and supporters.

Real Wishes Foundation

The mission of this Foundation is to pay it forward to our community which provides our livelihood. The Foundation will seek individuals or organizations in need and will work diligently to help fulfill those needs.

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Real Wishes Foundation Application

You must complete this application in its entirety before the Real Wishes Foundation will begin to process your wish application. You will be subject to a background check.

_____ **Complete the four- page application.**

_____ **Include last two months of your bank statements, all pages.**

_____ **Include 2 of your latest pay stubs or source of income.**

_____ **Bill Repayment - Include copies of all bills associated with this wish.**

_____ **Repairs require 2 estimates from licensed and insured (Register of Contractors - ROC) contractors.**

_____**Valid Identification**

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Application for Assistance

Only One Wish per family will be granted

The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving assistance.

All applicants applying for assistance will be subject to a background check.

Applicant Name: _____

Have you applied for assistance from the Foundation before? ____Yes ___No
How did you hear about the Foundation? _____

Applying for: *(please use attach additional paper or letter if more space is needed to explain your needs)*

☐ Item(s) need: _____

☐ Home repair need: _____

If home repair, do you: ☐ OWN ☐ RENT

IF RENTING –Home Owner contact info: _____

Note: If applying for home repair, we must contact the owner of the property. By applying for assistance, you allow us to do this.

☐ Financial Assistance: _____

☐ Other: _____

Reason that you are applying for assistance:

_____

_____

_____

_____

_____

_____

_____

Applicant Address: _____

Applicants Mailing address (if different than above): _____

_____

Applicant Name: _____

Applicant Date of Birth: _____

Phone Number: _____ Alternative Phone:_____

Email address: _____

Applicant Employer: _____

Number of Persons dependent on applicant, per income tax return: _____ Marital Status: _____

Number of adults in home: _____ Number of Children in home: _____

Spouse Name: _____ Spouses Date of Birth: _____

Budget Form/Bank and Income Statements: In addition to the application, a Real Wishes Foundation Assistance Budget Form, pay statements for each source of income and 2 of your most recent bank statements for all accounts must submitted with the application.

Each person requesting assistance must provide valid identification which will be attached to the application.

Depending on the nature, scope and complexity of the request, additional supporting documentation or information may be needed to process the request. Applicants are encouraged to attach separate letters, statements or other documents to their application when necessary to help support their request and explain extenuating circumstances that would not be evident in the application and other documentation.

I certify that all information on this application is true and complete to the best of my knowledge. I further understand that any misrepresentation may result in the denial of all further assistance from the Real Wishes Foundation. I understand that I am applying for assistance and that assistance is not guaranteed by my application. I understand that I must supply two (2) of my most recent bank statements for all accounts with verifying income.

I understand that by submitting this application I am subject to a background check.

_____ _____

Signature Date

If you are applying for someone else, we realize you may not have access to all of the requested information. Please fill out what you can.

Your Name (if applying for someone else) _____

*Phone*_____ *E-mail*_____

*Address*_____

Do not write past this line – For Foundation use only

Date Received: _____ Background Check: _____

Date Reviewed by Board of Directors: _____ Wish: Approved / Denied

Revised: October 8, 2019

Real Wishes Foundation - Assistance Budget Form

Instructions: Complete each block that applies to your situation. Use actual figures when possible otherwise use your best estimates. **Attach a pay statement for each source of income.** Do not include expenses in more than one category. When finished,return this, along with your application for assistance and supporting documents to the Real Wishes Foundation.

Applicants Name: _____

Monthly Income

Income		Other Income	

You must supply 2 of your most recent bank statements for all accounts

Monthly Expense

Housing Expenses		Family Living Expenses	
Rent/Mortgage		Groceries *(not covered by EBT)*	
Electric		Household Items	
Water/Sewage/Garbage		Child Care	
Gas/Propane		Phone/TV	
Other *(Explain Below)*		Medical/Dental Care	
Total Housing Expenses		**Total Family Living Expenses**	

Transportation Expenses		Insurance *(not included as part of other payments)*	
Gasoline		Health Medical/Dental	
Other *(Explain Below)*		Automobile	
Total Transportation Expenses		**Total Insurance Expenses**	

Other Expenses	
Alimony (Paid)	
Child Support (Paid)	
Other *(Explain Below)*	
Total Other Expenses	

Comments:

Total Expenses and Expenditures	
Housing	
Family Living	
Transportation	
Insurance	
Other Expenses	
Total Expenses	

Installment Loans

Payee	Purpose of Loan	Balance Owed	Monthly Payment
		Total	

Summary

Income		**Less:**	
Comments:		**Expenses**	
		Installment Pmts	
Monthly Surplus or Deficit			

Revised 5/17