



Real Wishes Foundation

500 E Fry Blvd, Suite L-1

Sierra Vista, AZ 85635

(520) 226-9607

501-C3 Tax ID 26-2269744

www.RealWishesFoundation.org

info@realwishesfoundation.org



PLEASE READ PRIOR TO COMPLETING THE APPLICATION

Thank you for contacting the Real Wishes Foundation.

All Wish requests are brought before the Real Wishes Board of Directors at our monthly Board meeting. Real Wishes Foundation is not an emergency services organization. Real Wishes Foundation does not assist with the first month's rent, security deposits or residential pest control treatments.

All applicants applying for assistance are subject to a background check. Only One Wish per family (to include extended family members) will be granted.

The eligibility consideration process is initiated when a complete Application for Assistance is submitted to the Real Wishes Foundation. The application form is the first step to receiving a granted Wish – it is not confirmation of eligibility for a Wish. If you have special circumstances, please contact us at 520-226-9607 for information.

Applicants are to read, thoroughly complete and sign the application for assistance. If there is insufficient space on the application, please attach additional pages 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 decision making on the request.

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

Generally, the more information provided by the applicant explaining the situation, their needs, and expectations from the Real Wishes Foundation, the easier it will be to understand the applicant's request. This enables the Foundation to make the decision as to whether or not assistance will be provided.

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 an all-volunteer, local 501(c)(3) charity that is funded and supported through volunteers, fund raisers, and outside supporters.

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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QCO Code 20109



Real Wishes Foundation Application Checklist

You must complete this application in its entirety before the Real Wishes Foundation begins to process your wish application. Return this page with your application.

Applicants will be subject to a background check.

Have you included ALL these items listed below???

- _____ Copy of Valid Photo ID, State or Federal issued must show date of birth**
- _____ Complete all the applications forms, sign, & date**
- _____ Include last two months of all your bank/asset statements, Must include all pages of each statement**
- _____ Include last two consecutive pay stubs or source of income**
- _____ Bill Payment – include copies of all bill statements that you are asking to be paid with this application for assistance. (for rent assistance provide a copy of your current lease)**
- _____ ALL Repairs OR Purchases require a minimum of 2 estimates from licensed and insured contractors (Registrar of Contractors) or credible businesses**



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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 (s) Name (s): _____

Have you or a family member applied for or granted assistance from the Foundation before? Yes___ No___
How did you hear about the Foundation? _____

Applying for: *(please attach an 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 - Homeowner/Property MGR 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: if necessary, attach additional page

Applicant Address:

Applicants Mailing address (if different than above): _____

Applicant(s) Name(s) _____

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: _____ (ID required) Number of Children in home: _____

Spouse/adults Name: _____

Spouse's/adult's 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 be submitted with the application.

Each adult person residing at the applicant's address must provide valid identification which must be attached to the application and is subject to background check.

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 statements for all asset 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: _____
Date Reviewed by Board of Directors: _____

Background Check: _____
Wish: Approved / Denied Date Completed _____

Form Revised 3/24/2023



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(s): _____

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	<input type="text"/>	Groceries <i>(not covered by EBT)</i>	<input type="text"/>
Electric	<input type="text"/>	Household Items	<input type="text"/>
Water/Sewage/Garbage	<input type="text"/>	Child Care	<input type="text"/>
Gas/Propane	<input type="text"/>	Phone/TV	<input type="text"/>
Other <i>(Explain Below)</i>	<input type="text"/>	Medical/Dental Care	<input type="text"/>
Total Housing Expenses	<input type="text"/>	Total Family Living Expenses	<input type="text"/>
Transportation Expenses		Insurance <i>(not included as part of other payments)</i>	
Gasoline	<input type="text"/>	Health Medical/Dental	<input type="text"/>
Other <i>(Explain Below)</i>	<input type="text"/>	Automobile	<input type="text"/>
Total Transportation Expenses	<input type="text"/>	Total Insurance Expenses	<input type="text"/>
Other Expenses		Total Expenses and Expenditures	
Alimony (Paid)	<input type="text"/>	Housing	<input type="text"/>
Child Support (Paid)	<input type="text"/>	Family Living	<input type="text"/>
Other <i>(Explain Below)</i>	<input type="text"/>	Transportation	<input type="text"/>
Total Other Expenses	<input type="text"/>	Insurance	<input type="text"/>
Comments:	<input type="text"/>	Other Expenses	<input type="text"/>
		Total Expenses	<input type="text"/>

Installment Loans

Payee	Purpose of Loan	Balance Owed	Monthly Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total			<input type="text"/>

Summary

Income	<input type="text"/>	Less:	
Comments:	<input type="text"/>	Expenses	<input type="text"/>
		Installment Pmts	<input type="text"/>
Monthly Surplus or Deficit			<input type="text"/>