



# Real Wishes Foundation



125 S. 2<sup>nd</sup> Street  
Sierra Vista, AZ 85635  
(520) 458-5709 or (520) 458-7802 Fax (520) 458-7620  
501-C3 Tax ID 26-2269744  
[www.RealWishesFoundation.org](http://www.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 making a decision on the request.

All applicants submitting an application for assistance will be subject to a background check.

The completed signed application, budget form, 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 that we have provided with this letter.

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

Real Wishes Foundation  
(520) 458-5709

*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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## Application for Assistance

*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 submitting an application for assistance will be subject to a background check.*

Applicant Name: \_\_\_\_\_

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:

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Applicant Address: \_\_\_\_\_

Applicants Mailing address (if different than above): \_\_\_\_\_

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Applicant Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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

Applicant Employer: \_\_\_\_\_

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

Spouse Name: \_\_\_\_\_ Spouses Date of Birth: \_\_\_\_\_

Spouses Employer: \_\_\_\_\_

**Budget Form:** In addition to the application, a Real Wishes Foundation Assistance Budget Form must also be completed and submitted with the application.

**Each person requesting assistance must provide valid identification.**

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

\_\_\_\_\_  
Sign and 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 \_\_\_\_\_

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***Do not write past this line – For Foundation use only***

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Date Reviewed by Board of Directors: \_\_\_\_\_

Wish:    Approved    /    Denied





# 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.

## Monthly Income

Income		Other Income	
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## Monthly Expense

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

## Installment Loans

Payee	Purpose of Loan	Balance Owed	Monthly Payment
<b>Total</b>			

## Summary

Income		Less:	
Comments:		Expenses	
		Installment Pmts	
<b>Monthly Surplus or Deficit</b>			