**\*\*\*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.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***\*\*\*\*\*\*TO FACILITATE YOUR REQUEST PLEASE ATTACH ANY DOCUMENATION 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 DOCUMENATION 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 T****O: 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:**#*  |