



Who is Eligible for Assistance?

Blue Family Fund Inc has established an Assistance Fund for the purposes of providing short-term financial assistance to the families of our Law Enforcement Community. The fund is designed to assist with financial needs up to a predetermined amount. Assistance from Blue Family Fund Inc will take into account the use of one's personal resources, including family provided assistance (parents, children relatives etc) as well as local religious or outreach groups. ***No Monies Will Be Given Directly to The Applicant.***

Does My Situation Qualify for Assistance?

Blue Family Fund Inc will attempt to extend assistance to those from Law Enforcement Families when unexpected and serious circumstances arise, creating a hardship in the event of a Law Enforcement Professional death. Hardships are typically (but not limited to) the result of injury, accident, illness or death of immediate family member.

Examples of eligible expenses may include, but are not limited to:

- Relocation to another residence due to fire, flood or other disaster
- Monthly bills - water, electric, gas, mortgage/rent etc
- Medical bills not covered by insurance for necessary, non-elective treatment
- Funeral expenses

Examples of NON-eligible expenses may include, but are not limited to:

| | |
|-------------------------------------|--------------------------------|
| Bail money / Attorney fees | Reimbursement for unpaid leave |
| Tuition expenses | Income/property taxes |
| Payday/quick/Family loan repayments | Credit card debt |

WHY do you need my information, and how will it be used?

Blue Family Fund Inc desires to help you and your Law Enforcement Family. In order to assure that we are serving you in the best manner, as well as carrying out the intentions of our valued donors, we need to understand you and your financial needs. Your information will be disclosed ONLY to those directly involved with your situation.

HOW DO I APPLY?

1. Complete all information on the application and sign it. Include any additional documentation that is requested, such as lease/mortgage agreement, banking statements, billing statements and/or any other related documents pertaining to your financial request.
2. Mail, Email, Fax or deliver this information to the main office of Blue Family Fund Inc. This process may take from 3-7 days for normal processing. There may be circumstances that extend the application review process.
3. Use ADDITIONAL sheets to complete information that does not fit on this pre-printed application.



BLUE FAMILY FUND

FALLEN OFFICER'S FUND FINANCIAL ASSISTANCE APPLICATION

Please answer each question completely and accurately

Personal Information

Today's Date _____

Name _____

Date Married _____

Spouse _____

City _____

Address _____

State _____ Zip _____ Email _____

List ALL persons living in your home (Excluding yourself)

Name _____ Age _____ Relation _____

Name _____ Age _____ Relation _____

Name _____ Age _____ Relation _____

Name _____ Age _____ Relation _____

Name _____ Age _____ Relation _____

Name _____ Age _____ Relation _____

How long have you lived at your current address? _____ At previous address? _____

Employment Information

Current Employer _____

From ____/____/____ to ____/____/____ Work Ph # _____

Current Employer _____

From ____/____/____ to ____/____/____ Work Ph # _____

If unable to work, state why: _____

Law Enforcement Affiliation

Name _____ Relation _____

Department _____ Supv/Chief _____

Badge # _____ Dept Ph # _____

Position _____ Length of LEO Service (Total) _____

Date of Passing of LEO Family Member ____/____/____



BLUE FAMILY FUND

FALLEN OFFICER'S FUND FINANCIAL ASSISTANCE APPLICATION

Please answer each question completely and accurately

What is your current financial need? _____

How much Financial Assistance (Money) are You Requesting? \$ _____

What steps have you taken to meet the need _____

List the financial assistance outlets you have requested assistance / Been given unrequested assistance from (include family):

| | | | | | |
|------|-------|--------|-------|---------------|----------------|
| Name | _____ | Amount | _____ | Date Received | ____/____/____ |
| Name | _____ | Amount | _____ | Date Received | ____/____/____ |
| Name | _____ | Amount | _____ | Date Received | ____/____/____ |
| Name | _____ | Amount | _____ | Date Received | ____/____/____ |

| EXPENSES | \$ PER MONTH | ALL INCOME (total) | \$ PER MONTH |
|---------------------|--------------|------------------------------------|--------------|
| Rent / Mortgage | | Yourself (after taxes) | |
| Electric | | Others in household (after taxes) | |
| Gas (Home) | | Child Support | |
| Water | | Unemployment Compensation | |
| Car (s) Payment (s) | | Social Security (SS) | |
| Car Insurance | | Supplemental SS Income | |
| Fuel (Car) | | Supplemental SS Disability Income | |
| Bus / Taxi / Train | | Supplemental Disability Income SDI | |
| Groceries | | Retirement Savings | |
| Phone | | Food Stamps | |
| Child Care | | Friends Support | |
| Child Support | | Family Support | |
| Alimony | | Church Support | |
| Court Ordered Pmts | | Other: | |
| Credit Cards | | Other: | |
| Loan Payments | | Other: | |
| Doctor etc | | Other: | |
| Cable | | Other: | |
| Entertainment | | Other: | |
| Clothing | | | |
| TOTAL = | | TOTAL = | |

By signing below, I certify that the statements made above and on any attachment(s) are true and complete to the BEST of my knowledge. I give BFF Inc to make inquiries as needed to determine if they are able to assist me.

Signed _____ Printed Name _____ Date _____