

Disabled Police Officers Of America

Application for Financial Assistance

Personal Information

Name (Last, First, M.I): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone (w/ area code): _____

Email Address: _____

Department Retired From: _____

Date of Retirement: _____

Was retirement on **disability** or **optional retirement**? (Circle one)

Employment Information

Current Employer: _____

Employer Address: _____

City, State, Zip: _____

Employer Phone #: _____

Income Information

Monthly household income from all sources: \$ _____

Number of persons in household: \$ _____

Monthly household expenses: \$ _____

Assistance Information

Requesting assistance for (list items and associated dollar amounts, e.g. prescriptions, utility bill, car repair bill)

DPOA Financial Assistance awards are based on financial need, please provide summary of hardship situation.

Total Amount Requested: \$ _____

Payment Distribution Information (List the names and addresses of the companies to whom payments are to be issued (see additional lines for this information on page 3)

#1

Name (Last, First, M.I): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone (w/ area code): _____

Account Number: _____

Amount Requested : \$ _____

#2

Name (Last, First, M.I): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone (w/ area code): _____

Account Number: _____

Amount Requested : \$ _____

#3

Name (Last, First, M.I): _____

Mailing Address: _____

City, State, Zip: _____

Home Phone (w/ area code): _____

Account Number: _____

Amount Requested : \$ _____

(If more space is required please list on separate piece of paper and attach to this application. Make sure applicants name and telephone number appear at the top of any separate papers.)

TO DISABLED POLICE OFFICERS OF AMERICA, INC. FINANCIAL ASSISTANCE APPLICANTS

Proof of police retirement, disability or optionally retired, and a photo, must be provided with this application.

- Applicants must provide with this application a copy of any unpaid bills/statements or invoices for which the financial assistance awards are to be distributed to.
- All monies awarded will be paid directly to creditor/service provider etc.
- DPOA Financial Assistance awards are not intended to be a re-occurring award, but rather for a sudden financial emergency and are limited to \$1,000.00 award per annum.
- DPOA Financial Assistance awards are subject to the availability of funds. Any unused portion of an award will be returned to the DPOA.
- If selected and given an award, the recipient agrees to allow the use of his/her name, photo, department and brief bio to be printed in upcoming editions of the DPOA Newsletter, as well as inclusion in the DPOA web site and any other future fundraising literature or scripts. No personal data, such as address or telephone number will be released, without the prior approval of the award recipient.
- Awards to applicants will be made by the DPOA Awards Selection Committee, and will be made on a non-discriminatory basis, with financial need being the prime consideration.

Mail Applications and supporting documentation to:
Disabled Police Officers of America
222 Government Avenue, Suite C.
Niceville, Florida 32578

All statements made on this application are subject to verification. Any invalid assertions will result in the application being removed from consideration.