



## Fayetteville Police Benevolent Fund

467 Hay Street, Fayetteville NC 28301

***“Supporting the Line”***

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### **Application for Financial Assistance**

The FPD Benevolent Fund is a 501(c) 3 IRS qualified Non-Profit organization organized to provide for the benevolence or financial assistance to Fayetteville Police employees during times of personal crisis or hardship. All FPD current, retired and reserve police officers and civilian employees are members of the Benevolent Fund. The FPD Police Benevolent Fund is a completely separate entity from the Fayetteville Police Department (FPD).

A grant of assistance to any single individual member of the fund found to be in need of assistance shall not exceed the sum of \$2,000.00 within a twenty-four month period. Grants of financial assistance shall be at the sole discretion of the Board of Trustees upon a majority vote.

The financial assistance application, interview process and committee consideration often requires probing, detailed, difficult and potentially uncomfortable questions and analysis of the applicant's personal situation and spending habits. The entire application process is VOLUNTARY but omitting any information or document may delay the application process. The more information provided the better information we have as a board to make a recommendation. All personal and financial information obtained by the Police Benevolent Fund will be kept in strictest confidence.

#### ***Steps in Applying for Financial Assistance***

- 1. Complete the Benevolence Application**
  - a. Read the cover page before filling out the application.
  - b. Gather all documentation to accompany the application before submitting.
- 2. Return completed application along with required documentation to one of the Benevolent Board of Trustees.**
  - a. Bills in the same name of the person applying will be considered.
- 3. Waiting Period**
  - a. Allow at least a week to review and verify the information you provided.
  - b. A member of the Benevolent Fund Board of Trustees will contact you using the contact information from your application.
- 4. Instructions**
  - a. Applicants may be asked to meet with Benevolent Board of Trustees as part of the consideration process. Please be on time for any scheduled appointments. If there is a need to cancel please attempt to give a 24 hour advance notice.



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### 5. Notification to applicant

- a. A member of the Benevolent Fund Board of Trustees will notify the applicant by email and phone as to approval or denial of financial request.

If the Benevolence Board of Trustees determine at any point in the process that they cannot provide assistance you will be notified that "the Police Benevolent Fund cannot assist you at this time". No further information will be given.

At no point in this process does the Fayetteville Police Benevolent Board of Trustees promise or guarantee that assistance will be provided. All assistance will be provided in the form of a check or debit payable to the vendor, landlord, or other service provider – not to an individual or applicant. No cash will ever be given.

## **Benevolent Application**

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

How long have you lived at this address? \_\_\_\_\_ Years \_\_\_\_\_ Months Marital Status: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you ever received any financial assistance from the Police Benevolent Fund? YES \_\_\_\_ NO \_\_\_\_

If you answered yes, when did you receive assistance? \_\_\_\_\_

If you answered yes, what was the circumstance? \_\_\_\_\_

\_\_\_\_\_



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**Adults (over 18) living at your address:**

Name:	Relation to you:	Employed/Unemployed/Student/Disabled
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List all persons under 18 living at your address:**

Name:	Relation to you:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is anyone in your household receiving disability benefits? YES \_\_\_\_ NO \_\_\_\_



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To determine how and/or if we can be of assistance, please provide us the following information.  
If you are requesting a bill payment, please supply a **COPY** of the bill(s).

**What is your need today and what specific help are you requesting?**

Need (Example: Electricity Bill)	Provider/Creditor/Lender	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**What is the crisis or situation that has caused you to ask for assistance? *Provide detailed information***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If assisted by the Police Benevolent Fund, how will you pay for next month's bills?**



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### **MONTHLY HOUSEHOLD INCOME**

<b><u>Sources</u></b>	<b><u>Recipient (Self, family members)</u></b>	<b><u>Amount</u></b>
Wages/Salary		
Social Security		
SSI Disability		
VA Disability		
Retirement		
Food Stamps		
Workers Comp		
Child Support		
Any other income		
	<b>TOTAL:</b>	

### **ASSETS**

Checking Account Balance	
Saving Account Balance	



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401/IRA/Retirement Fund Balance	
Stocks, Bonds, CD's, Mutual Funds	

### **MONTHLY EXPENSE REPORT**



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<u>Expense Category</u>	<u>Monthly Payment</u>	<u>Current Amount Due</u>
Rent/Mortgage		
Utilities: Electricity/Gas/Water		
Cable/Internet		
Phone/Cell Phone		
Car Payment 1 (Balance: _____)		
Car Payment 2 (Balance: _____)		
Gasoline		
Auto Insurance		
Home/Renters Insurance		
Health Insurance		
Groceries		
School Lunches		
Medical		
Child Care		
Child Support		
Consumer Loans (Balance: _____)		
Credit Cards (Balance: _____)		
Memberships (Gym, Spa, etc.)		
Other Expenses (Explain purpose)		
	<b>TOTAL MONTHLY EXPENSES:</b>	



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### Assistance by others

Have you been assisted by any other organization/agency/church? Please list all organizations, agencies or churches you have contacted for assistance.

Organization/Agency/Church

Amount Received:

When:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Before you bring in or mail your completed form, make sure you have the attached following documents to the application in this order:

- Last paystub
- A completed and signed application that includes a Release Authorization
- Photocopies of current (less than 90 days old) bank statements
- Photocopies of current (less than 30 days old) bills that you want considered
- If you are requesting rent assistance: a photocopy of your lease agreement and a copy of the statement reflecting the current balance including late fees.

### **RELEASE AUTHORIZATION**

I hereby authorize the release of information necessary for this application to Police Benevolent Fund so my application for assistance can be processed.

I understand that this application is being completed voluntarily.

I certify the information I have stated is true and correct and that all income is reported.

I understand that the Police Benevolent Fund Board of Trustees may verify the information on this application and that the deliberate misrepresentation of information will be an immediate denial of financial assistance.





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I understand that if I am approved for financial assistance and information supplied by me is during the application process is found to be falsified, criminal charges may be filed and an Internal Investigation complaint could be initiated.

I give the Police Benevolent Fund Board of Trustees permission to discuss my case and I understand that all information will remain confidential.

I understand that the Benevolence interview process may involve potentially uncomfortable questions and analysis of my situation and spending habits.

Signature: \_\_\_\_\_

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

### **For Police Benevolent Board of Trustees Completion**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Board voted: \_\_\_\_\_ ☐ Approved \$ \_\_\_\_\_ ☐ Denied ☐ Need more information

Detail of approval: \_\_\_\_\_

\_\_\_\_\_

More information needed: \_\_\_\_\_

\_\_\_\_\_

Date Notification was made to applicant regarding board findings: \_\_\_\_\_

Payment made by: \_\_\_\_\_ Date: \_\_\_\_\_ By: ☐ Check ☐ Debit Card

If check, same was given to \_\_\_\_\_ for delivery.



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