



ACCOUNTING FOR ONE ANOTHER

Confidential Request

In making this request, please remember, Accounting For One Another is an IRS 501 C (3) tax exempt organization and must adhere to IRS guidelines in evaluation of requests. Therefore we request that you fill out this application as completely as possible.

Date: _____

Name of person making request: _____

Business: _____ Phone # _____

Recipient Information:

Name: _____

Home address: _____

City State Zip

Business address: _____

City State Zip

Phone Numbers: _____

Please be SPECIFIC in assistance requested. Please provide as much information as possible to help the Accounting For One Another Board consider your request. Attaching supporting documentation will help in expediting the Board's decision on your request.

Medical: (i.e. a medical bill AFOA could pay) _____

Household: (i.e. a house bill AFOA could help pay) _____

Monetary: (i.e. Be specific for the use of donation)

*Please note that additional documents may be requested.

Does applicant have access to any other assets or assistance that would meet their needs?

Yes _____ No _____

Is Medical insurance available? Yes _____ No _____

Submitted by: _____

Who may we contact/notify if we need additional information regarding this application?

Name _____ Phone # _____

For Board use:

Application Received _____ Date Considered _____

Board Action: Approved _____ Denied _____

Funds Approved: _____ Check # _____

Amount of other AFOA donations designated to this recipient \$ _____ Date _____