



# THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE A.I.D.S. FUND



## *Application for Financial Assistance*

(Revised August 2018)

The R.C.G.S.E. AIDS Fund is designed to assist those diagnosed with HIV / AIDS and the monetary obligations which occur. The maximum amount per reign for an approved application is \$500. To apply for assistance from this fund, you must supply the following:

1. Completed AIDS Fund Application
2. A letter from a doctor stating applicants' diagnosis
3. Copies of bills to be paid including account numbers and where payment is to be sent

Once you have provided the needed information and have submitted it the following will occur:

1. The Reigning Emperor, with assistance from The President of the College of Monarchs, will ensure the application is correct and work with you to get any missing information
2. The application is then turned over to the President of the Board of Directors to bring before the board for the final vote and approval
  1. All personal information will be kept completely confidential
  2. Approval is based on the application, as well as, available funding
    1. Submitted applications are not guaranteed to be approved
3. If the application is approved the applicant will be notified and the checks will be written DIRECTLY to the creditor
  1. Checks will not be written to the applicant
4. Checks can be mailed to the creditor directly or they can be picked up by the applicant
  1. Valid picture ID is required for all checks that are to be picked up

***We strive to get the needed assistance to the applicant as soon as possible, however, incomplete forms and missing information will only delay the process. Please double check the application for accuracy and check that all needed forms are included.***

## **Applying for assistance from the R.C.G.S.E. AIDS Fund**

To apply for assistance from the R.C.G.S.E. AIDS Fund, fill out the following application completely. It is a fillable document, so you can download it and enter everything directly into the form. From there you can save the form and email it to [aidsfundapp@rcgse.org](mailto:aidsfundapp@rcgse.org) or you can print the form and bring it to a General Membership or Board Meeting.

You can also mail the completed application and necessary forms to the following address:

Royal Court of the Golden Spike Empire  
Attn: AIDS Fund Application  
P.O. Box 521126  
Salt Lake City, UT 84152

**APPLICANT INFORMATION**

**APPLICATION NUMBER** \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**APPLICANT INCOME INFORMATION**

Are you employed?  YES  NO If Yes, what is your Monthly Employment Income? \$ \_\_\_\_\_

Do you have a bank account?  Checking  Savings  Both

Savings Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Checking Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Please indicate if you receive assistance from any of the following and list the monthly amount:

Welfare: \$ \_\_\_\_\_  SSI: \$ \_\_\_\_\_  Food Stamps: \$ \_\_\_\_\_

Other Assistance: From Who: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

**APPLICANT MONTHLY BILLS**

Please list the amount you pay per month for the following:

Mortgage/Rent: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_ Medical: \$ \_\_\_\_\_ Medication: \$ \_\_\_\_\_

Please list any additional monthly expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT MEDICAL INFORMATION**

Doctors Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*\*\*REMINDER\*\*\*** You must attach a letter from your doctor stating your diagnosis with HIV/AIDS to be considered for assistance from the R.C.G.S.E. AIDS Fund

**PAYMENTS REQUESTED** (Fill out as many Debtors needed. If more than 3, attach a separate page)

Please provide the information below for the Payments you are requesting assistance with. You must also provide copies of the bills listed here. Failure to attach copies of bills will disqualify this application.

Debtor 1 Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Are you past due on this debt?  YES  NO Check Payable To: \_\_\_\_\_

Additional Info (If Needed): \_\_\_\_\_  
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Debtor 2 Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Are you past due on this debt?  YES  NO Check Payable To: \_\_\_\_\_

Additional Info (If Needed): \_\_\_\_\_  
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Debtor 3 Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Payment Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Due: \_\_\_\_\_ Type of Debt: \_\_\_\_\_

Are you past due on this debt?  YES  NO Check Payable To: \_\_\_\_\_

Additional Info (If Needed): \_\_\_\_\_  
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I have additional Debtors and have attached a separate sheet and copies of those bills

**APPLICANT ACKNOWLEDGEMENT & SIGNATURE**

I have filled out the application completely and have attached all needed additional documentation. I understand that the Royal Court of the Golden Spike Empire will process my application as soon as possible and if approved, payments will be made directly to the creditors on my behalf. All information I have entered is true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

