



THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE AIDS FUND



Application for Financial Assistance

(Revised January 2022)

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 Empress, 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 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 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: _____ Balance: \$ _____

Checking Bank Name: _____ 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 applicant's diagnosis with HIV/AIDS to be considered for assistance from the R.C.G.S.E. AIDS Fund

PAYMENTS REQUESTED (Fill out as many Creditors 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.

Creditor 1 Name: _____ Account #: _____

Payment Address: _____ City: _____ State: _____ Zip: _____

Amount Requested: _____ Date Due: _____ Type of Debt: _____

Are you past due on this debt? YES NO Will this payment bring you current? YES NO

If the amount you are asking for does not pay off the bill, are you able to make up the difference to keep you from getting further behind? YES NO

Make Check Payable To: _____

=====
Creditor 2 Name: _____ Account #: _____

Payment Address: _____ City: _____ State: _____ Zip: _____

Amount Requested: _____ Date Due: _____ Type of Debt: _____

Are you past due on this debt? YES NO Will this payment bring you current? YES NO

If the amount you are asking for does not pay off the bill, are you able to make up the difference to keep you from getting further behind? YES NO

Make Check Payable To: _____

=====
Creditor 3 Name: _____ Account #: _____

Payment Address: _____ City: _____ State: _____ Zip: _____

Amount Requested: _____ Date Due: _____ Type of Debt: _____

Are you past due on this debt? YES NO Will this payment bring you current? YES NO

If the amount you are asking for does not pay off the bill, are you able to make up the difference to keep you from getting further behind? YES NO

Make Check Payable To: _____
=====

I have additional Creditors 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:** _____

R.C.G.S.E. FUND ADMINISTRATOR APPROVAL

APPLICATION NUMBER _____

As administrators for the R.C.G.S.E. AIDS Fund, we acknowledge that this application is correct, complete and ready to be submitted to the Board President to present to the Board of Directors for approval.

College of Monarchs President

Printed Name **Signature** **Date**

Reigning Emperor

Printed Name **Signature** **Date**

R.C.G.S.E. BOARD OF DIRECTORS APPROVAL

Date presented for approval: _____ **Was application approved?** YES NO

If NO Reason for denial: _____

If YES Date Approved: _____ Date given to Treasurer for Payment: _____

I acknowledge that this application has been reviewed and approved by the Board of Directors, as well as, given to the Treasurer for payment on the above date.

President of the Board of Directors

Printed Name **Signature** **Date**

PAYMENT INFORMATION

Date checks written: _____ **Date checks sent to creditors:** _____

Treasurer

Printed Name **Signature** **Date**