# THE ROYAL COURT OF THE GOLDEN SPIKE EMPIRE

## *THE MARITA GAYLE PEOPLES CONCERN FUND*

## *Application for Financial Assistance*

(Revised July 2025)

The Marita Gayle Peoples Concern Fund is to provide relief for those needing financial assistance due to an unforeseeable tragedy or emergency. The maximum amount per reign for an approved application is $500. This fund is to be used in the following manner:

1. To help individuals whose personal rights have been violated due to their sexual orientation
2. To help individuals with extreme medical problems that are not AIDS, Cancer or Transgender related
3. To help individuals involved in litigation not involving drug/alcohol offenses or are Transgender related
4. To help individuals with utility bills where the service is being disconnected and/or have been given notice that payment must be paid within ten (10) days (Final Notice), or there will be a termination of services
    a. Applications must be received 5 days prior to the final notice or termination of services
        i. Applications received after the allotted timeframe may be denied.
5. To assist individuals with emergency funding when needed including but not limited to:
    a. Death in the family, wrongful termination, car issues, natural disaster, etc...

To apply for assistance from this fund, you must supply the following:

1. Completed Marita Gayle Peoples Concern Fund Application
2. 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 fund administrators will work with you to ensure the application is correct and complete
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. Should the amount requested be over the $500 maximum and the applicant does not have the means to cover the additional balance, the application will be denied.
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.***

To apply for assistance from the Marita Gayle Peoples Concern 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 **peoplesconcernapp@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: Peoples Concern 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 Whom:** _____ **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.**

**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 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: _____**

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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 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: _____**

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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 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: _____**

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☐ **I have additional Creditors and have attached a separate sheet and copies of those bills**

## APPLICANT ACKNOWLEGEMENT & 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. Transgender 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.

**Reigning Prince/Princet**

| _____ | _____ | _____ |
|---|---|---|
| **Printed Name** | **Signature** | **Date** |

**Reigning Princess/Princet**

| _____ | _____ | _____ |
|---|---|---|
| **Printed Name** | **Signature** | **Date** |

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

**Was the Application Approved?** ☐ **YES** ☐ **NO** **Final Approved Amount: _____**

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

**If NO** **Reason for denial: _____**

**I acknowledge that this application has been reviewed and approved by the Board of Directors**

**President of the Board of Directors**

| _____ | _____ | _____ |
|---|---|---|
| **Printed Name** | **Signature** | **Date** |

## PAYMENT INFORMATION

**How was the payment made:** ☐ **CHECK** **Date Written: _____** **Check Number:_____**

☐ **DEBIT CARD** **If Processing Fee was paid, how much?:_____**

**Date Payment Made and or Checks Sent to Creditors :_____**

**Treasurer**

| _____ | _____ | _____ |
|---|---|---|
| **Printed Name** | **Signature** | **Date** |