



A 501(c)(3) Charitable Organization

Application for Financial Assistance

The Oakland County Deputy Sheriff's Association Family Benevolent Fund (OCDSA Family Benevolent Fund) primarily provides temporary assistance with meeting daily subsistence (living) expenses, and medical and prescription expenses that exceed insurance coverage brought about by serious illness, an accident, or the death of the primary source of family income. The Fund also assists cases where applicants are facing financial hardships due to onset of natural disasters.

How do I apply for Assistance?

You will need to:

- ✓ Complete the application in a legible manner (the Application is available online in writeable PDF format. The OCDSA Family Benevolent Fund encourages applicants to use this method).
- ✓ Sign the application. (Electronic Signature Accepted)
- ✓ Provide the required documentation and/or verification items necessary to complete your application.
- ✓ Provide a letter from the applicant in their own words describing the current situation and hardship
- ✓ E-Mail this application and all required documentation to the OCDSA Family Benevolent Fund at info@familybenevolentfund.org. Please include your name in the subject line.

Who is Eligible?

- Current employees of the Oakland County Sheriff's Office
- First responders in the state of Michigan
- Residents of Oakland County

All of the above persons must exhibit a financial need

As you apply for assistance, you should know that:

- The information you provide to the OCDSA Family Benevolent Fund is kept in confidence.
- You may terminate the OCDSA Family Benevolent Fund's assistance to you, at any time.
- The OCDSA Family Benevolent Fund does not discriminate against applicants based on gender, age, disability, national origin, or any other characteristic protected by law.
- Applicants are not granted financial assistance based on relationships with members of the board or being a significant donor to the OCDSA Family Benevolent Fund.
- The OCDSA Family Benevolent Fund has the right to deny or delay any application based on Applicant's failure to provide sufficient documentation.

What are the responsibilities of the applicant?

- To provide to the OCDSA Family Benevolent Fund all requested information necessary to determine eligibility.
- To immediately inform the OCDSA Family Benevolent Fund in the event you receive benefits in error.



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Please submit completed application by email to info@familybenevolentfund.org

All applications are kept confidential. We cannot meet every request; however some assistance is generally available. Families may be prioritized by need. Requests of 250 dollars or more may require additional supporting documentation. Oakland County Deputy Sheriff's Association Family Benevolent Fund (OCDSA Family Benevolent fund) reserves the right and the Applicant hereby grants permission to share all information provided by the applicant to third parties on an as-needed basis.

APPLICANT INFORMATION

DATE:

Full Name

Address

City

State

Zip

Phone Home

Work

Cell

Email

Age

Date of Birth

List all persons in your household.

Name

Age

Date of Birth

Relationship to Applicant

*attach additional page if necessary

EXPLANATION OF NEED

What events led to you needing assistance?

Requesting assistance for payment of: (Check all that apply)

Mortgage/Rent Utilities Medical Food Transportation Other (explain below)

FUNDRAISING AND ADDITIONAL ASSISTANCE

Has family received assistance from the OCDSA Family Benevolent Fund before? Yes No

Please indicate amount of assistance and when?

Does family have a GoFundMe or Similar Account? Yes No If Yes, Include link(s) Below

Have you received assistance from other charities? (Please list the organization and amount)

Organization

Amount

Applicant or applicant's legal guardian must sign the application/release, which gives the OCDSA Family Benevolent Fund your permission to publish on our website/newsletter a brief case history and grant summary. Your name/identifying information will not be included in the case history. I certify that the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional misrepresentation of the information contained in this application will result in the loss of current and future assistance from the OCDSA Family Benevolent Fund and may result in civil and or criminal liability. The Applicant hereby releases OCDSA Family Benevolent Fund from any and all liability which may arise from the sharing of this information with third-parties. For the purpose of procuring assistance from the OCDSA Family Benevolent Fund, I furnish the foregoing information as a true and accurate statement of my circumstances, including health, finances and any other information contained therein. Authorization is hereby given to the OCDSA Family Benevolent Fund to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the OCDSA Family Benevolent Fund immediately in writing of any significant change in any of the foregoing information.

Signature:

Date: