



## Application for Assistance

Date of Request: \_\_\_\_\_

Date(s) Incurred: \_\_\_\_\_

Contact Information: \_\_\_\_\_

First Responder's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Creditor: \_\_\_\_\_

Point of Contact's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Circle applicable: One-Time Ongoing Duration Future

Due Date: \_\_\_\_\_

Type of Expense (Medical, Utilities, etc.): \_\_\_\_\_

Details of Event: \_\_\_\_\_

---

---

---

---

---

Signature: \_\_\_\_\_



Firefighter name or moniker/alias given by WFBF: \_\_\_\_\_

Board Review Date: \_\_\_\_\_

Board Discussion (See minutes from meeting dated): \_\_\_\_\_

Board Response (Circle applicable): Yes    No    Req Addl Info

What additional information is being requested? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Payment Released: \_\_\_\_\_

Counter Check Number: \_\_\_\_\_