



## Phoenix R.I.S.E Assistance Request Form

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

### **What is the Phoenix R.I.S.E Fund?**

Delta Phi Chi's Phoenix R.I.S.E (Rising In Service and Empowering) Fund is a community outreach program that caters specifically to current members of the United States Armed Forces, Veterans and their Families. The money is granted as a gift, and repayment is not expected. However, if you are blessed in the future and would like to help someone else, you may repay the gift. It will be used to help someone else in need.

### **Who will see the information that I put on this form?**

All information provided on the application and to the Outreach Team will be kept as private as possible. Please be honest and open in responding to the questions. It is likely during the process that your information may be reviewed by the sorority Executive Board of Directors, Grand Leadership and Outreach Team. We are not here to judge anyone, but to provide compassionate assistance according to our guidelines and available resources in times of difficulty.

### **What do I do after filling out this form?**

Email your form to: [assistance@deltaphichimilitarysorority.org](mailto:assistance@deltaphichimilitarysorority.org) or

Fax to: 1(706)534-5801

Within 48 business hours you will receive confirmation letting you know the application has been received.

Once an application is received, the Outreach Team will meet to review it. You will be contacted if more information is needed. If your request is approved, it may take up to 2 weeks to receive funding. No funding will be given directly to the applicant, but to the company where the amount is needed.

## Assistance Application...

### A. Criteria for considering your request:

1. Active Duty, Retiree, Veteran and their immediate Family.

\_\_\_ Yes, I fit the criteria.

\_\_\_ No, I I do not fit the criteria.

Please provide brief explanation:

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2. I release the Phoenix Rise Outreach Team to the following:  
(acknowledge all with your initials)

\_\_\_ Contact my Employer and References

\_\_\_ Assess previous financial requests

\_\_\_ Request further supporting documentation

### B. Personal Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Night) \_\_\_\_\_ (Work) \_\_\_\_\_

Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Marital Status  Single  Engaged  Married  Female  Separated  Divorced  Widowed

### C. Spouse Information:

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ (Night) \_\_\_\_\_ (Work) \_\_\_\_\_

Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Marital Status  Single  Engaged  Married  Female  Separated  Divorced  Widowed

### D. List all other individuals sharing your household:

Name	Age	Date of Birth	Relationship	Monthly Income
		/ /		\$ .
		/ /		\$ .
		/ /		\$ .
		/ /		\$ .
		/ /		\$ .

**E. Please list your specific requests:**

Amount	Description of Need	By Date	(Office Use Only)	
			D	A
\$ .		/ /		
\$ .		/ /		
\$ .		/ /		

**F. Briefly, what events led to your needing assistance?  
(if you need more room, please use the back of this paper)**

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**G. Applicant Employment History:**

Present/Most recent Employer \_\_\_\_\_  
Position and Job Description \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Dates From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
If unemployed, for how long? \_\_\_\_\_  
Are you currently seeking employment?  Yes  No  
If 'no', why not? \_\_\_\_\_  
If 'yes', what steps are you taking to seek active employment? \_\_\_\_\_

**H. Spouse's Employment History:**

Present/Most recent Employer \_\_\_\_\_  
Position and Job Description \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Dates From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
If unemployed, for how long? \_\_\_\_\_  
Are you currently seeking employment?  Yes  No  
If 'no', why not? \_\_\_\_\_  
If 'yes', what steps are you taking to seek active employment? \_\_\_\_\_

**I. Housing/Car:**

Own/Purchasing  Renting How long at your present address? \_\_\_\_\_  
Landlord/Mortgage Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Previous Address, landlord's name and phone number

\_\_\_\_\_  
How long were you there and why did you move?  
\_\_\_\_\_

Do you have access to a car?  Yes  No  
If Yes, it is  Owned (paid for)  Owned (paying payments)  Leased  
 Borrowed  A family member's  
If owned or leased, what model and year is the car \_\_\_\_\_  
If paying payments, how much until the car is paid off \_\_\_\_\_  
How many cars are in your household? \_\_\_\_\_

**J. Additional Information:**

Have you seen a financial counselor within the last six months?  Yes  No  
If yes, with whom? \_\_\_\_\_  
Have you contacted anyone else for assistance within the last six months?  Yes  No  
If so, please specify:  Family  Friends  Churches  Agencies  Life Group Are  
any of the above assisting with your needs?  Yes  No Amount \$\_\_\_\_\_ If  
no, why not? \_\_\_\_\_  
Do you use a budget?  Yes  No  
What steps are you taking to improve your present situation? \_\_\_\_\_

\_\_\_\_\_  
Have you requested or received assistance from us before?  Yes  No If yes,  
when did you make the request and what amount was received?  
Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**K. References:**

**Friends, other than relatives**

Name ( First & Last)	Phone Number
1.	
2.	
3.	

Name (First & Last)	Phone Number
4.	
5.	

**L. Any Additional Notes:**

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**M. Financial Overview**

**Monthly Income Sources**

Job #1 (Take Home Pay)	\$ _____	How often are you paid? _____
Job #2	\$ _____	
Spouse's Job #1	\$ _____	
Spouses Job #2	\$ _____	
Child/Spousal Support	\$ _____	
Retirement	\$ _____	
Social Security	\$ _____	
SSI/Disability	\$ _____	
Food Stamps/WIC	\$ _____	
Other Income _____	\$ _____	
<b>Total Monthly Income</b>	<b>\$ _____</b>	

**Monthly Expenses Incurred**

Tithes/Contributions	\$ _____		
Rent/Mortgage	\$ _____		
Car Payment(s)	\$ _____	\$ _____	
Auto Insurance	\$ _____		
Auto (Gas & Oil)	\$ _____		
Electric/Gas/Water	\$ _____		
Food (Groceries & Eating Out)	\$ _____		
Phone (Home & Cell)	\$ _____		
Cable TV	\$ _____		
Day Care	\$ _____		
Child/Spousal Support	\$ _____		
Furniture/Appliances	\$ _____		
Credit Cards	\$ _____	\$ _____	
School Loans	\$ _____	\$ _____	
Bank Loans/Other	\$ _____	\$ _____	
Lottery Tickets/Gambling	\$ _____	\$ _____	
Personal/Pet Care	\$ _____	\$ _____	
Other _____	\$ _____	\$ _____	
<b>Total Monthly Expenses</b>	<b>\$ _____</b>	<b>+</b>	<b>\$ _____ = \$ _____</b>

**Income - Expenses = \$ \_\_\_\_\_**

**N. Release Information**

I hereby authorize the release of information to Delta Phi Chi to receive the assistance I am requesting. I further certify the information I have stated is true and correct and that all income is reported. I understand Delta Phi Chi may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for Delta Phi Chi to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies above regarding the Release of Information.

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

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