

## Rock County Cancer Coalition Request for Assistance

Name \_\_\_\_\_ DOB \_\_\_\_\_

You must include a **copy of each bill/expense** that you are asking assistance with (Address must match ID)

RCCC will write the check to the company and mail the checks to you to send out with the next payment. Continue to pay your bills on time as we cannot guarantee when the checks will be processed. You may request amounts that are higher than what is due on your bill. Your company will credit your account.

**\$1300.00** benefit limit per client. Please round up your dollar amount to the nearest \$5 increments.

**I am requesting assistance with the following bills:**

### Rent/Mortgage

Company Name: \_\_\_\_\_

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

### Utilities:

#### Water/Sewer

Company Name: \_\_\_\_\_

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

#### Electric/Gas

\_\_\_\_\_

\_\_\_\_\_

### Insurance:

#### Car

Company Name: \_\_\_\_\_

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

#### Health

\_\_\_\_\_

\_\_\_\_\_

### Car Payment

Company Name: \_\_\_\_\_

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

### Phone

\_\_\_\_\_

\_\_\_\_\_

**Due to ongoing problems with Charter and Spectrum, RCCC can no longer pay those bills for our clients.**

Please make sure that the total amount of assistance does not exceed \$1300.00 if requesting more than one bill to be paid.

\_\_\_\_\_  
(Applicant's signature) Date: \_\_\_\_\_

Applications are reviewed and acted upon approximately within 30 days of RCCC receiving the application.  
***You should continue to pay your bills and RCCC is not liable for any late payments.***