



Rock County Cancer Coalition Request for Assistance

Name _____ DOB _____

Required: You must include a current copy of **each bill/expense** that you are asking assistance with:

I am requesting assistance with the following Bills:

Reminder that a copy of each bill or expense must be included with request
Payments will be made out to the holder of the debt (landlord or mortgage company, utilities company, etc)
The checks will be mailed back directly to the applicant for processing to their debt holder.
\$1125.00 benefit limit per client. Please round up your dollar amount to the nearest \$5 increments.

Rent/Mortgage (please specify amount requested and included copy of rental or mortgage payment information)

Company name: _____

Amount Requested: _____

Utilities: water, electric, sewer (please specify amount being requested and include a current copy or copies of all utility bills)

Company name: _____

Amount Requested: _____

Phone, internet, insurance (please specify amount being requested and include a current copy of bill)

Company name: _____

Amount Requested: _____

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 \$1125.00 if requesting more than one bill to be paid.

In order to make sure your application is accepted/processed in a timely basis, please make sure that you have **CLEARLY** expressed your requested assistance and you have provided the necessary back-up for requested assistance

(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.