



Colorado P.E.O. Marguerite Fund APPLICATION

Guidelines for Marguerite Fund Monthly Eligibility

- The Marguerite Fund is available to provide temporary financial assistance to women during a difficult time.
- Applicants are NOT eligible for a Marguerite Fund gift if they or a family member listed are receiving public assistance from any of the following governmental programs:**
 - Supplemental Security Income (SSI)
 - Medicaid
 - Unemployment benefits
 - Food Assistance/SNAP
 - Temporary Assistance for Needy Families (TANF)
 - Home and Community Based Services (HCBS)
 - Long Term Care, Nursing Home
 - WIC
- Applicants that do not meet Marguerite Fund monthly eligibility requirements may be eligible for a one-time gift of up to \$750.00. This does not apply to public assistance applicants.
- Any Recipient, other than a monthly Recipient, may only receive one (1) gift (not to exceed \$750.00) within any twelve (12) month period.

Instructions:

- Applicant:** Attach a letter describing your situation and reason for requesting a Marguerite Fund gift. Provide detailed information that will help the Trustees evaluate your situation, including your short and long-term goals.
- Sponsor:** Attach a letter summarizing your relationship with the Applicant, your knowledge of her situation and the reason you wish to sponsor this woman. Please be as specific as possible. Send completed application and both letters to the Marguerite Fund Chairperson. Jill Hyde, 2329 Waneka Lake Trail; Lafayette CO 80026 jillhyde@hotmail.com

(PLEASE PRINT)

Name of Applicant: _____
Last First Middle

Address: _____ City _____ Zip _____

DOB: _____ Age _____ Phone _____ Email _____

Is the Applicant a member of P.E.O. YES ____ NO ____ If Yes – Chapter _____ City/State _____

Applicant Signature: _____ Date: _____

Applicant is a woman who is a United States citizen or legal permanent resident, a resident of Colorado, and has read and understands Guidelines for Eligibility above.

Name of Sponsor: _____
Last First Middle

Address: _____ City _____ Zip _____

Phone: _____ Email _____ Chapter/City _____

What is the relationship between the Sponsor and the Applicant? _____

How long has Sponsor known Applicant? _____

Sponsor Signature: _____ Date: _____

Sponsor is a resident of Colorado and an active member of a Colorado P.E.O. Chapter, is well acquainted with the Applicant, and believes the Applicant to be deserving of a gift from the Marguerite Fund.

Please indicate one: Monthly \$ _____ One-time gift \$ _____

APPLICANT INFORMATION (PLEASE PRINT)

Income: Please provide ALL sources of income – include all members of household including spousal income:

Applicant: Source of income _____ Amount _____ monthly/weekly

For what period of time _____

Other: _____

Relationship: _____

Source of income _____ Amount _____ monthly/weekly

For what period of time _____

Other: _____

Relationship: _____

Other income: Public Assistance/private Agency or other:

Name of Agency _____ Amount _____ monthly/weekly

How Long _____

Name of Agency _____ Amount _____ monthly/weekly

How Long _____

Total household income: \$ _____ monthly/weekly

Property:

Does applicant own/rent home? Own _____ Rent _____ Other _____

Does applicant own any other property – please explain _____

Personal Property: Please itemize: _____

Bank Accounts: Current Balance: Checking \$ _____ Savings \$ _____

Investments: Please list all other assets (i.e. IRA, 401K, stocks, annuities, etc.)

Type: _____ Amount: _____

Type: _____ Amount: _____

Type: _____ Amount: _____

Members of Household: Please list ALL members of household, including non-family members

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

* Has the applicant previously received support from the Marguerite Fund? _____ Yes _____ No
If Yes, please indicate date(s): _____

APPLICANT INFORMATION (PLEASE PRINT)

Expenses:

House Payment/Mortgage (y/n) _____ Rent (y/n) _____ \$ _____/month
(if renting, are meals provided? _____)

Utilities: Gas/Electric: \$ _____/month

Average Food cost: \$ _____/month

Average Medication cost: \$ _____/month

Average Medical cost: \$ _____/month

Average Car Expenses (tires, maintenance, loan etc.): \$ _____/month

Average cost of fuel: \$ _____/month

Insurance:

Auto Insurance: \$ _____/month

Home/Renters Insurance (non-escrowed) \$ _____/month

Health Insurance/Medicare premium: \$ _____/month

Other Insurance: Type: _____ \$ _____/month

Please list any other expenses not included above:

_____ \$ _____/month

_____ \$ _____/month

_____ \$ _____/month

_____ \$ _____/month

Total Expenses \$ _____/month

Provide any additional information regarding expenses: _____

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NOTE: New applications may be submitted for consideration **anytime** throughout the year and will be reviewed for consideration upon receipt. If approved, monthly gifts will be given for a maximum of six (6) months or the remainder of the six (6) month gift term. All current recipient applications must be updated and resubmitted for review at the January & July Trustee meeting. Six (6) Month gift periods are: February-July and August-January.

Purpose & Administration of the Colorado P.E.O. Marguerite Fund

Section 1. Purpose: The Colorado P.E.O. Marguerite Fund shall be maintained to provide assistance to Colorado P.E.O. members and nonmembers.

Section 2. Administration: The Colorado P.E.O. Marguerite Fund shall be administered, subject to the direction and supervision of the Colorado P.E.O. Charitable Corporation Board of Directors by a group of trustees, hereinafter called the Marguerite Fund Trustees.

For Trustee Use Only: Application Received _____

Notes: _____

Application Approved: \$ _____ Denied: _____

Sponsor notified: _____ Notes: _____