



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 Chair. Barbara Pingrey, 327 Laurel Way, Lafayette, CO 80026, bbp327@aol.com, (303) 517-6045.

(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: _____
