



Waves of Compassion Foundation (WOCF)

P.O. Box 22, Bodega Bay, CA 94923

www.wavesofcompassionfoundation.org

Email: bbwocf@gmail.com Phone: 707-595-0294

APPLICATION FOR FINANCIAL ASSISTANCE

ALL QUESTIONS MUST BE ANSWERED AND FORM COMPLETELY FILLED OUT TO BE CONSIDERED:

Waves of Compassion Foundation (WOCF) is a grass-roots charitable non-profit organization, founded in 2017 to support our coastal community in times of need.

To receive assistance:

- The applicant must live or work full-time in Sonoma coastal communities served by WOCF: Bodega Bay, Bodega, Jenner and Valley Ford. Proof of work or residency may be required.
- We provide financial support of up to \$300 for a single individual and up to \$600 for a family once per calendar year.
- Financial assistance checks must be made payable to an entity where payment is due (landlord, gas, electric, propane, Cellular/Phone, Internet, or other). Financial assistance checks may not be made payable to any relative or friend. You must provide a copy of the invoice, rental agreement, cellular/Phone Invoice or other to receive assistance.
- It may take 30 days or longer for WOCF Board to consider an application for Financial Assistance.

If you are requesting assistance for someone other than yourself, please provide the following information:

Your Name: _____

Cell Phone: _____

Email Address: _____

Are they aware that you are recommending them for assistance? Yes ____ No ____

Is it okay to contact them directly? Yes ____ No ____

Date of application: _____

Name of person requiring assistance: _____

Cell Phone: _____

Email: _____

Address: _____

Preferred Method of Contact: _____ Text _____ Email _____ Phone?

Primary Language Spoken: _____

Has the applicant requested assistance from us in the past? Yes _____ No _____ If yes, what type of assistance was provided? _____

How many people are you financially responsible for? Adults _____ Children _____

What type of assistance is requested? Please provide as much detail as possible. _____

What amount of financial assistance is requested? (DESCRIBE IN DETAIL): _____

Make assistance check payable to: _____

Mail assistance check to (landlord, gas company, electric, etc):

Name: _____

Address: _____

Phone: _____

Billing account number to be included on check: _____