



Loudoun First Responders Foundation (LFRF) has ONE mission; to provide immediate financial support for active Loudoun First Responders.

# APPLICATION FOR BENEFITS

Applicant Name & Title: \_\_\_\_\_

Applicant Agency / Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Injury / Illness: \_\_\_\_\_

Time off work: \_\_\_\_\_

Circumstances surrounding injury / illness: \_\_\_\_\_

Did injury / illness occur in the line of duty?  Yes  No

Are you eligible for TRD:  Yes  No

Do you need assistance with:

Mortgage Payment  Car Payment  Groceries  Pet Service

Lawn Service  Other \_\_\_\_\_

**For final approval forward this application to the Systems Chief.**

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Agency / Department comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agency / Department Head Signature:

The undersigned certifies to the accuracy of the foregoing information and acknowledges that the Loudoun First Responders Foundation will rely upon the foregoing information in reaching a decision on this Application.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name