

Gerald Poarch Member Assistance Program
Odd Fellows Home of California

APPLICATION FOR ASSISTANCE

Instructions:

The Gerald Poarch Member Assistance Program (“Poarch Fund”) was created to provide financial assistance to California Odd Fellows and Rebekahs for health and housing.

1. Obtain the Application for Assistance from the Chairman of the Fraternal Relations Committee of the Board of Directors of the Odd Fellows Home of California or from the official website of the IOOF, Jurisdiction of California: https://www.caioof.org/odd_fellows_homes_of_california.
2. Complete the Application for Assistance and attach copies of the following documents:
 - a. 3 years of the most recent tax returns you filed;
 - b. A current dues card issued by your lodge; and
 - c. Any additional pages necessary to give the Fraternal Relations Committee a complete understanding of your financial situation.
3. Send Application of Assistance by mail or email to:

Fraternal Relations Committee
c/o David Fleck, Committee Chairman
79802 Parkway Esplanade S
La Quinta, CA 92253
*Mark the envelope “CONFIDENTIAL”

David@DavidFleck.com

*Subject Line: CONFIDENTIAL OFHC

4. The Fraternal Relations Committee will review your application, and then at the next regularly scheduled meeting of the full OFHC Board of Directors, the Committee will make a recommendation for their consideration.
5. Applicant will be notified twice: first when the Application is received, and then after the Board of Directors has taken action.
6. The current Chairman of the Fraternal Relations Committee is David Fleck, who can be contacted at (818) 268-5929 or David@DavidFleck.com. Note: If you call him, it’s always best to text him first because his cellular service provider rejects many calls as scams or telemarketers.

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Amount of Assistance Requested: _____

Check One: One-Time Payment Monthly

1. Name: _____ Spouse: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email Address: _____

2. Member of _____ Lodge No. _____
Lodge Location: _____ Year Initiated: _____

Please attach a copy of your current dues card.

3. Reason for request for assistance:

4. Have you applied to other organizations, agencies, or family members for assistance? What was the response?

5. Financial Information:
Bank Name: _____
Checking Acct. No. _____ Balance: _____
Savings Acct. No. _____ Balance: _____
Investment Account: _____ Balance: _____
Investment Account: _____ Balance: _____
Other Account: _____ Balance: _____
Other Account: _____ Balance: _____
List any other assets and their value. List any real estate and the amount of equity.

6. Monthly Income:
Please attach the last three tax returns you filed.
Name of Employer: _____ Salary/Wage: _____
Social Security: _____ Amount: _____
Spouse's Income Source: _____ Amount: _____
Other Income Source: _____ Amount: _____
Other Income Source: _____ Amount: _____

7. Insurance:

Do you have insurance that will cover all or part of your request for assistance? _____

8. Monthly Expenses:

Mortgage: _____

Other Monthly Expenses: _____

Rent: _____

Other Monthly Expenses: _____

Electricity: _____

Other Monthly Expenses: _____

Gas: _____

Other Monthly Expenses: _____

Water: _____

Other Monthly Expenses: _____

Phone: _____

Other Monthly Expenses: _____

Total: _____

Total: _____

I hereby authorize Odd Fellows Home of California ("OFHC") to obtain, verify, and review any financial, tax, and personal information necessary to process my application for financial assistance. I understand that the information provided in this application will be used solely for the purpose of determining my eligibility for financial assistance from the OFHC.

I grant permission for the OFHC to contact any relevant parties, including but not limited to employers, banks, creditors, and government agencies, to verify the accuracy of the information provided in this application. I also authorize the release of any financial, tax, and personal information to the OFHC, as needed, for the purpose of evaluating my application.

I affirm that all information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any false statements or omissions may result in the denial of my application for financial assistance or termination of any assistance granted.

OFHC is committed to protecting your privacy and maintaining the confidentiality of your personal and financial information. All information collected in this application will be used solely for the purpose of evaluating your eligibility for financial assistance and will not be disclosed to third parties without your express written consent, except as required by law or as necessary to process your application.

Applicant

Signature: _____

Date: _____

Print Name: _____

Spouse

Signature: _____

Date: _____

Print Name: _____