

Imperial Rainbow Court | Transgender Fund Financial Assistance Application

The Imperial Rainbow Court of Northern Utah (here known after as the Organization) is a 501(c)(3) non-profit for charitable and educational purposes.

- The Organization makes determinations without regard to Race, Color, Sex, Age, Sexual Orientation, Gender Identity, Religion, National or Ethnic Origin.
- This fund is intended to help transgender/non-binary members of the community with the expense of a legal name change, gender marker request, medications, surgical costs & treatment associated with gender affirmation.
- This is a one-time disbursement. All is subject to approval by the Board of Directors.
- If approved, the request of funds will be paid directly to your payee(s) listed below and not to the applicant. Copies of bills must accompany this application so contact for payment may be made.
- Applications for assistance are required to be completed in full to process your request. This includes providing any of the requested additional documents.
- Emergency situations still require the completion of a financial application.

Direct all questions concerning this application to the President of the Board.

Applicant's Name: _____ **Phone:** _____

Applicant's Address: _____ **Zip Code:** _____

(No PO Boxes, must be Utah Resident)

Applicant Financial Information

Monthly Income (please provide a total of all sources of income)	
Monthly Expenses (rent, utilities, med, etc.)	
Difference (+/-)	

Filled Out by Applicant (Documentation required as proof)			Filled Out by IRCONU Treasurer		
Payee Name	Bill Type (Medical or Legal)	Amount Requesting	Paid Amount	Check #	Treasurer Initials
1					
2					
3					
4					
5					
Totals					

Have you applied for assistance from any other agency or organization for the same reason? ____ Yes ____ No
 If so, were you approved or denied (if denied, please attach letter). ____ Approved ____ Denied

By signing, I acknowledge I have read and understand the provisions of this application.

Applicant Signature: _____ Date: _____

President of the Board: _____ Date: _____

Applications should be mailed to:
 IRCONU Attn: President of the Board
 PO Box 3131
 Ogden, UT 84409-3131

In lieu of mailing, please deliver to the President of the Board only. If sending electronically, please remit this application, along with all required documents/attachments to President@IRCONU.org