
*Riverside County Professional Firefighters
Benevolent Fund Application Guidelines for
Financial Assistance*

Am I eligible to apply for assistance from the Fund?

Active or retired professional firefighters of the Riverside County Fire Department are eligible.

Do you believe you have a lawful and bona fide financial need that meets the standards of an undue financial hardship or unexpected crisis as defined below?

Are you willing to substantiate your need in writing on the application and provide all documentation that is required?

Are you willing to speak by phone to discuss and clarify the information provided in your application?

What is an undue financial hardship?

It is an extraordinary circumstance(s) particular to your situation, that you did not deliberately cause or was not caused by your negligence, which is of such magnitude or severity that you do not have or cannot raise sufficient money to reasonably expect a favorable outcome to the situation.

What is an unexpected crisis?

It is any circumstance or combination of circumstances that create sudden and immediate expenses or pressing needs due to a sudden and unexpected calamitous or catastrophic event, which you could not possibly have anticipated or foreseen.

Occurrences that may qualify as undue financial hardship or unexpected crisis.

Examples of extraordinary life occurrences that may qualify as undue financial hardship or unexpected crisis include, but are not limited to, unforeseen expenses caused by: Sudden unexpected medical emergencies or family emergencies. Sudden unanticipated loss of employment for reasons other than cause. Acts of nature. An application that successfully demonstrates one of these occurrences has a likelihood of being successful.

Occurrences that DO NOT qualify as undue financial hardship or unexpected crisis.

Common life occurrences that do not qualify as undue hardship or unexpected crisis include Debts, losses or related obligations arising from business ventures, investments or anything intended to bring you financial profit. Credit card payments, except when it becomes necessary for you to use a credit card in an unexpected crisis. Non-essential payments such as cable TV bills, internet bills, routine home and vehicle maintenance or repairs, general dentistry, veterinarian bills, or medical needs for which insurance is available. Evading the law, seeking to make bail, or having to pay fines as a result of breaking the law. Attorney or other legal fees, garnishments, judgments, child support liabilities or settlements arising from civil litigation or criminal behavior. Gambling debts. School tuition, fees or student loans. An application based on one or more of these occurrences WILL NOT be successful.

- Your application is confidential and will not be shared with any third party.
- The Riverside County Professional Firefighters is not authorized to provide Loans of any kind.
- * Assistance involving a Death in the family is limited to Spouse and Children
- Line of Duty Deaths will automatically receive financial assistance per the RCPFBF Guidelines.



RIVERSIDE COUNTY PROFESSIONAL FIREFIGHTERS BENEVOLENT FUND

Financial Assistance Application

Office Use Only
Date Received:
Request #

Applicant Information

Name: _____ Phone # _____ Email: _____

Address: _____ City / State: _____ Zip Code: _____

Birthdate: _____ Marital Status: (check one) Single: _____ Married: _____

Dependents: (Under 18 yrs old) How many _____ (Over 18 yrs old) How Many _____

Reason for Financial Assistance

Monthly Income & Expenses

Do not complete this section for Line of Duty Death

Salary: _____ Spouse's Salary: _____ Pension: _____

Social Security: _____ Workman's Comp: _____ Other Income: _____

Do you currently receive any type of Federal or State Assistance? Yes _____ No _____

If Yes explain: _____

Mortgage: _____ Auto Payments: _____ Insurance Payments: _____

Utilities: _____ Credit Cards: _____ Medical Expenses: _____

Groceries: _____ Other Monthly Recurring Expenses: _____

Statement for False Information

I certify by my signature below that all the information I have provided to the Riverside County Professional Firefighters Benevolent Fund is true and correct to the best of my knowledge. I also acknowledge by my signature below authorizing the Benevolent Fund to request any types of credit / background reports that are needed in the standard process of this application request.

Signature: _____

Date: _____

All monies will be submitted directly to the vendor (i.e. contractor, services etc.) on behalf of the party making the request
Email Application to RCPFB@rcpfbf.com or mail to : 26822 Cherry Hills Blvd., Unit 990 Menifee Ca 92586