



**PURPOSE:** THE MAINE CANCER RELIEF FUND WAS CREATED FOR ANYONE IN MAINE IMPACTED BY CANCER AND HAS NEED FOR ASSISTANCE. BASED ON NEED AND QUALIFICATION AND ON A FIRST COME BASIS.

**REWARD:** INDIVIDUALS SELECTED FROM A POOL OF QUALIFIED APPLICANTS WILL BE AWARDED A GRANT OF UP TO \$500 FOR FINANCIAL ASSISTANCE. PAYMENTS MADE FROM THE PURPLE IRIS FOUNDATION DIRECTLY TO THE CREDITOR. GRANTS AWARDED ON A YEARLY BASIS. (Example: IF YOU ARE AWARDED A GRANT OF \$500 IN NOVEMBER 2022, YOU CAN APPLY AGAIN IN NOVEMBER 2023)

**TO QUALIFY: CANDIDATES MUST MEET THE FOLLOWING CRITERIA**

\*\*PROOF OF CANCER DIAGNOSIS

\*\*INCOME VERIFICATION - INCLUDING HOUSEHOLD MEMBERS 18 & OLDER

\*\*MUST BE A MAINE RESIDENT

\*\*MUST FILL OUT THIS FORM COMPLETELY

\*\*CAN BE USED FOR UTILITY, HEATING, CELL PHONE, RENT, MORTGAGE, ETC THAT ASSISTANCE IS NEEDED

\*\*PATIENTS INCOME MUST FALL BELOW 200% OF THE FEDERAL POVERTY GUIDELINE WITH CONSIDERATION OF THE NUMBER OF PEOPLE IN THE HOUSEHOLD.

THE MISSION OF THE PURPLE IRIS FOUNDATION IS TO RAISE AWARENESS, PROVIDE SUPPORT, RESOURCES, AND GIVE HOPE TO INDIVIDUALS AND FAMILIES IMPACTED BY CANCER IN MAINE.

## Maine Cancer Relief Fund

**Full Name \***

Prefix      First Name      Last Name      Suffix

**Address \***

Street Address

Street Address Line 2

**Phone Number \***

**E-mail \***

example@example.com

**Date of Birth \***



Month Day Year

**Are You A Military Veteran? \***

**Date of Diagnosis \***



Month Day Year

**How would the Eastern Maine Cancer Relief Fund help you meet an unmet financial need in 2021? \***

**Upload or Attach Proof of Cancer Diagnosis \***

Required for submission

**What is your net monthly household income for all adults? \***

Take home amount after taxes

**Cost of your monthly electric bill \***

**Cost of your monthly heating and cooling bill \***

**Cost of your monthly phone bill \***

**Do you require help with food? \***

**Upload or Attach Household Bill You Need Assistance With \***

Required for submission

**How many people live in your home (including yourself)? \***

**Cost of your monthly rent or mortgage bill \***

**List any other bills (loans, credit cards, medical copays, prescriptions, etc) \***

**List assets (atv, boat, vehicle, property, 401K, IRA, life insurance, etc.) \***

**I verify that all of the information entered on this form is truthful and accurate \***

yes

**Signature (Please type your name) \***

**Date Completed \***



Month Day Year

**Upload or Attach your 3 most recent bank statements with your name included \***

Required for submission

**Who is filling out this form? \***