

Xtreme Couture
G.I. FOUNDATION
4055 West Sunset Rd. | Las Vegas, NV 89118 | www.xcgif.org

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

Please complete the attached application and financial snapshot ensuring you include as much detail as possible. Incomplete applications will not be processed due to the volume of applications received. All applications will be reviewed in the order in which they are received.

Proof of service (LES/DD214) will be required as well as proper documentation (current bills) supporting your scope of needs. If there is no current active duty LES, a DD214 or the completed hands on banking spending plan sheet, it will not be processed. Please provide a **complete** list of your duty stations, points of contact, as well as contact information for anyone who can speak to your needs.

Please be sure to outline your most pressing needs. Our goal is to provide financial assistance to those brave military men and women and their families who have been injured in action; therefore the Xtreme Couture GI Foundation provides a **SINGLE ONE TIME** assistance to qualifying families. Again, that is **ONE TIME ONLY**. This is to ensure that many families in need are able to benefit from the Xtreme Couture GI Foundation and not just a handful.

Once you have all the requested information, please email or fax the appropriate documentation with your application. All information must be filled out on the application. All incomplete applications will not be processed. **You must have completed the entire application, DD214/ CURRENT ACTIVE DUTY LES, any supporting documents to your financial snap shot and any submission of photos or videos must accompany the application and will not be accepted separately.**

Thank you for your dedicated service to our Nation!

Randy Couture

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ASSISTANCE APPLICATION

RETURN COMPLETED FORMS TO:

702-407-0958 (fax) and/or valerie@xtremecouturemma.com

*****PLEASE INCLUDE PHOTOS*****

****We also accept video submissions along with completed application****

NAME & RANK: _____ PHONE: _____

REFERRED BY: _____ PHONE: _____

HOME ADDRESS: _____

CURRENT RESIDENCE: _____

E-MAIL: _____

SPOUSE: _____ PHONE: _____

CHILDREN (NAME & AGE): _____

BRANCH: _____ CURRENT STATUS: _____

TYPE OF INJURY: TBI PTSD OTHER _____

DESCRIPTION AND LOCATION OF INJURY: _____

UNIT: _____ UNIT POC: _____

TIME SERVED: _____

LOCATIONS SERVED: _____

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SERVICE HISTORY: _____

SCOPE OF NEEDS: _____

SPECIAL EQUIPMENT NEEDS: (ie. Wheelchair, prosthetics etc)

ADDITIONAL COMMENTS: _____

OTHER AGENCIES YOU HAVE CONTACTED OR RECEIVED AIDE: _____

FINANCIAL COUNSELOR AND NUMBER _____

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WOULD YOU BE INTERESTED IN SHARING YOUR STORY? NO YES

This includes attending Xtreme Couture GI Foundation fundraising events. All expenses paid by Foundation for you and one family member. (Answering “NO” does not preclude you from being eligible to receive funds)

FINANCIAL SNAP SHOT (MANDATORY)

(PLEASE BE AS SPECIFIC AS POSSIBLE AND PROVIDE ANY SUPPORTING DOUCUMENTS,
 CURRENT COPY OF BILLS)

CURRENT MONTHLY INCOME: (LIST ALL SOURSES OF INCOME INCLUDING PER DIEM,
 DISABILITY, SPOUSES PAY AND TSGLI PAYMENT)

GRAND TOTAL: _____

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CURRENT EXPENSES:

Are you currently receiving child support or alimony? NO YES

If yes provide currently monthly amount: _____

Are you currently paying child support or alimony? NO YES

If yes provide currently monthly payment: _____

Are you currently subject to a Court Order regarding child support and/or alimony?

NO YES

If yes, please identify the Court that issued the Order by county and state.

Do you receive state aide for Foster Care, disability, adoption subsidy or any other benefits of any kind?

NO YES

If yes how much and from whom?

1. _____
2. _____
3. _____
4. _____

Current Household Income:

- _____ Under 15,000
_____ 15,000 – 50,000
_____ 50,000 – 75,000
_____ 75,000 – 100,000
_____ Over 100,000

Do you have any debt other than your home mortgage? NO YES

If yes, please describe (include dates) _____

Current employer's name and phone number:

1. _____
2. _____

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IMPORTANT: Have ANY members of your household ever been convicted of or been charged with a crime? (It could be as simple as a driving violation or as serious as armed robbery) Be honest. We will find out sooner or later through our comprehensive background checks. NO YES

If yes, please describe (include dates)_____

Have you been or are you involved in a lawsuit? NO YES

If yes, please describe (include dates)_____

Date of judgment or settlement:_____

Amount of judgment or settlement: _____

In the event that you are selected, will you be able to provide W2's and/or your tax returns for the last three years? (Please DO NOT include them now) NO YES

If not, why?_____

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YOUR STORY (Mandatory)

Please summarize your story and what makes you deserving? What makes your situation unique? (Due to the large volume of mail we receive, please keep your answer brief.) (Video submissions will be accepted along with complete application.)

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APPLICATION COMPLETED BY: _____

RELATIONSHIP TO SERVICE MEMBER: _____

PHONE: _____ CELL: _____

EMAIL: _____

BEST TIME TO CONTACT YOU: _____

APPLICATION RELEASE AGREEMENT

I, the adult applicant, in connection with my application to be considered to be the recipient of the “Xtreme Couture GI Foundation” funds, represent and warrant that the answers provided by me to the foregoing application questions are true, complete and correct, that I have completed this application honestly and accurately, and I understand, acknowledge and agree that if any of the information in this application is found to be false or incomplete, this will be grounds for dismissal of myself and any other persons applying to be considered with me (including minor children) from the selection process..

In addition, each of the undersigned (including the adult applicant and any minor children) agrees as follows:

I acknowledge that the Xtreme Couture GI Foundation may not select me for further consideration to be part of the selection process in their sole and absolute discretion. I acknowledge that if I am selected for further consideration, I will be required to complete and sign additional application materials, release forms and other documents. I acknowledge that if I am selected as a potential candidate, I may also be required to submit to medical and other tests and a background check. I acknowledge that Xtreme Couture GI Foundation has no obligation to return any materials submitted by me (including without limitation this application, any documents, photographs and videos submitted by me) as part of the participant selection process whether or not I am selected as a participant.

By signing this application I hereby release, hold harmless and indemnify Xtreme Couture GI Foundation and any of their respective licensees, assignees, parents, subsidiaries or affiliated entities and each of their respective employees, contractors, agents, officers and directors from any and all claims, actions, damages, liabilities, losses, costs and expenses of any kind (including, without limitation, attorneys’ fees arising out of, resulting from, or by reason of my application in connection with the Xtreme Couture GI Foundation application process.

I authorize Xtreme Couture GI Foundation to investigate, access and collect information about me, about any of the statements made by me in my application, any supporting documents and any other document that I have signed or do sign in connection with my application to be selected by Xtreme Couture GI Foundation, or any other written or oral statements I make in connection therewith, and hereby waive all rights of privacy or confidentiality that I might otherwise have in such information. I acknowledge and agree that any such information obtained by Xtreme Couture GI Foundation pursuant to this paragraph or otherwise may be used for purposes of selecting participants, and may be described or otherwise related

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in and in connection with the selection process, including, without limitation, in promotions, publicity, marketing, and merchandising, and in any other manner. I have read and fully understand this release form, and I agree to abide by and be bound by them and by any eligibility requirements determined by Xtreme Couture GI Foundation in its sole discretion

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ABOVE AND IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE STATEMENT OR MATERIAL OMISSION BY ME MAY LEAD TO MY DISQUALIFICATION FROM PARTICIPATION IN THE SELECTION PROCESS.

I HAVE READ EVERYTHING CONTAINED IN THE ABOVE APPLICATION, UNDERSTAND AND AGREE TO ALL TERMS CONTAINED HEREIN:

ADULT APPLICANT'S Signature: _____ Date: _____

PRINT NAME _____

Home Address _____

City/State _____ Zip _____

Telephone Number _____

Signature of MINOR CHILD: _____ Date: _____

PRINT NAME _____

Home Address _____

City/State _____ Zip _____

Telephone Number _____

Consent of Parent or Guardian [To be signed if any persons signing the above Release Agreement are under the age of 18 (i.e., minor children)]

I acknowledge that I have read the foregoing Release and am familiar with each and all of the terms, covenants and conditions contained therein, I am satisfied that said Release is fair and equitable, and I hereby give my express consent to the execution thereof by my minor child(ren) listed above, and will not revoke my consent thereto at any time hereafter.

Parent or Guardian Signature: _____ Date: _____

PRINT NAME _____

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FOR OFFICIAL USE ONLY

DATE RECEIVED: _____ **RECEIVED BY** _____

PHOTOS RECEIVED: _____

VIDEO RECEIVED: _____