



Willie's Cornerstone Foundation

Assistance Application

The purpose of Willie's Cornerstone Foundation is to assist with the financial stresses caused by life-threatening illness (excluding cancer) suffered by a full-time Door County adult. The target recipient is a person 18 or older, who is suffering from a life-threatening illness, and is not covered under Medicare or Medicaid. The financial assistance will be in the form of Willie's Cornerstone Foundation paying mortgage, rent, utilities or treatment related travel expenses directly on the recipient's behalf. Assistance may not be used for medical expenses. Eligibility criteria and details about the program are available at www.WilliesCornerstone.org.

Applicant's Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Birthdate: _____ Email: _____

Preferred Telephone: _____

Briefly explain the medical condition: _____

Primary Physician's Name: _____ Physician's Phone: _____

- I agree to allow Willie's Cornerstone Foundation to tell my story anonymously, in the abstract.
- I have not previously received assistance from Willie's Cornerstone Foundation.
- I have previously received assistance from Willie's Cornerstone Foundation. If so, when: _____
- I am applying for support with rent/mortgage payments & certify that they I am current with rent/mortgage payment. (Please note, if you are behind on housing payments, you are not disqualified. We invite you to have a conversation about your specific situation so we can best support you.)

Please explain SPECIFICALLY how Willie's Cornerstone Foundation can help you (example: mortgage, utilities including cell phone and internet payments, transportation expenses such as gas cards or car repairs) and itemize those expenses:

First Expense

Expense or Company Owed: _____

Amount Requested: \$ _____

Frequency (monthly, quarterly, etc.): _____

Account Number (if any): _____

Company Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Explanation (if needed): _____

Second Expense (if any)

Expense or Company Owed: _____

Amount Requested: \$ _____

Frequency (monthly, quarterly, etc.): _____

Account Number (if any): _____

Company Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Explanation (if needed): _____

Third Expense (if any)

Expense or Company Owed: _____

Amount Requested: \$ _____

Frequency (monthly, quarterly, etc.): _____

Account Number (if any): _____

Company Mailing Address: _____

City, State, Zip Code: _____

Telephone: _____

Explanation (if needed): _____

I certify that the information provided above is true and complete to the best of my knowledge. I also grant permission for the Door County Community Foundation, Inc. to reach out to the physician I have listed on this form to confirm my eligibility based on medical criteria.

Signature of Applicant: _____ Date Submitted: _____

As an electronic signature, you may type in your name (we may confirm signature, if necessary).

Willie's Cornerstone Foundation

c/o Door County Community Foundation ♦ 222 N 3rd Ave ♦ Sturgeon Bay, WI 54235

www.WilliesCornerstone.org ♦ (920)746-1786