**Instructions for Completing an Assistance Application**

1. **BEFORE** completing the application, review eligibility requirements. If you are not certain whether you qualify, call the Fund Manager at the Peninsula Community Foundation of Virginia (866-412-6540 or 757-327-0862) for help.
2. Complete Application Part I.
3. Complete the list of service providers/vendors (Part II) and collect copies of all invoices or bills for the providers/vendors listed. If additional room is needed, print more copies of that page of the application.
4. Complete Application Part III. If more room is needed, use a separate page.
5. Review and Sign the Notice to Applicant ( Part IV).
6. Take your application to your location manager or department head. Be sure that your manager or department head is aware of why you are applying. You do not have to provide personal detail. Your department head or manager must sign the application at the bottom of Part I before it is submitted.
7. Mail or fax the completed application form and all attachments except the instructions to:

Peninsula Community Foundation of Virginia, Inc. 48 W Queens Way

Hampton, VA 23669

Fax: (757) 327-0865

1. The Fund Manager will evaluate applications and identify qualified applicants.
2. The Fund Manager will communicate only with the Ferguson associate and manager or department head regarding the application unless the associate is incapacitated. Please ask family members not to call or e-mail the Fund Manager.
3. Approved grant payments will be sent directly to service providers/vendors on behalf of an approved applicant.
4. If this is an emergency application time-wise, please call the Fund Manager first.

|  |  |
| --- | --- |
| Name: | Branch #: |
| Address: | Branch Location: |
| City/State/Zip: | Work Phone: ( ) |
| Home Phone: ( ) | Work E-mail: |

**Prior to completing this application, please review the criteria for eligibility.**

**AMOUNT OF GRANT SOUGHT: $ \_** *($10,000 lifetime maximum; $5,000 per year)*

Please describe the nature and extent of the need regarding your request. Include any other financial resources available to meet this need (family loans, 401K loans, savings, etc.) and what other attempts you have made to obtain assistance to meet this current need. Attach another sheet if more room is needed.

I attest that the information furnished above and included as part of this application is true and accurate to the best

of my knowledge.

Applicant’s Signature \_ \_ Date: \_

 **TO BE COMPLETED BY LOCATION MANAGER OR DEPARTMENT HEAD**

***Please note:*** *The manager or department head signing this application may be contacted by the Peninsula Community Foundation of Virginia.*

To the best of my knowledge, this associate is eligible for consideration for assistance from the Fund.

Signature: PRINT Name:

Title: Date: Phone:

1. mail address:

Assistance provided by the Fund will be administered through checks ***payable to specific service providers*** (i.e. landlords, hospitals, funeral homes, licensed repair professionals) on behalf of the associate. Unless there are significant extenuating circumstances, checks ***will not be written directly to associates***.

|  |
| --- |
| Name ofService Provider/Vendor: |
| Address |
| Street City/State Zip CodePhone Number: ( ) E-mail: Amount $ |

|  |
| --- |
| Name ofService Provider/Vendor: |
| Address |
| Street City/State Zip CodePhone Number: ( ) E-mail: Amount $ |

|  |
| --- |
| Name ofService Provider/Vendor: |
| Address |
| Street City/State Zip CodePhone Number: ( ) E-mail: Amount $ |

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| --- |
| Name ofService Provider/Vendor: |
| Address |
| Street City/State Zip CodePhone Number: ( ) E-mail: Amount $ |

|  |
| --- |
| Name ofService Provider/Vendor: |
| Address |
| Street City/State Zip CodePhone Number: ( ) E-mail: Amount $ |

**To assist the Fund Manager in assessing the applicant’s overall financial picture and determining eligibility, please provide the information requested below with your application.**

* 1. **A copy of your most recent pay report;**
	2. **Copies of each of the billing statements or invoices only for the providers or vendors listed in Part II;**
	3. **Please provide the information below with regard to your fixed monthly obligations. Estimate or provide an average if you are not sure:**

|  |  |  |
| --- | --- | --- |
| a. | Monthly rent or mortgage payment | $  |
| b. | Electric service | $  |
| c. | Natural gas service | $  |
| d. | Cable/satellite TV | $  |
| e. | Telephone (land line) | $  |
| f. | Telephone (cell) | $  |
| g. | Internet service | $  |
| h. | Child care services | $  |
| i. | Personal loans, bank or credit union | $  |
| j. | Auto payment(s) for # cars | $  |
| k. | Auto insurance | $  |
| l. | Homeowner’s/renter’s insurance | $  |
| m. | Medical insurance premiums | $  |
| n. | Life insurance premiums | $  |

* 1. **Please estimate your monthly costs of the following:**
		1. Gasoline for # cars $
		2. Groceries monthly # in family $
		3. Other (describe) $
		4. Other (describe) $
	2. **Does applicant’s spouse work outside the home?  Yes  No  Not applicable**
	3. **If yes, what is spouse’s net monthly take-home pay? $**

**Please be aware that, in most cases, the Fund Manager will request copies of your most recent bank statements (checking, savings, investments) for a two-month period. Please be prepared to provide those if asked.**

Applicant’s Signature \_ \_ Date: \_



# FERGUSON FAMILY FUND APPLICATION PART IV NOTICE TO APPLICANT

Obtaining money by false pretenses is a serious offense, which may, in many circumstances, constitute a Felony. Please make every effort to accurately state the facts in this Application. In completing this Application, you should not exaggerate your need nor understate your financial resources, as well as be prepared to document all expenses that you identify.

# STATEMENT OF COMPLIANCE

The undersigned hereby states under oath that the financial resources listed in Part I of this Application are true and complete.

The undersigned hereby states under oath that the expenses listed in Part III of this Application are accurate, and can be verified.

The undersigned hereby states under oath that all information provided in this Application is true and accurate.

Applicant signature Date

PRINTED FULL NAME OF APPLICANT