**Instructions for Completing Employee 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 assistance.
2. Complete Application Part 1.
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 3. If more room is needed, use a separate page.
5. Review and Sign the Notice to Applicant (Part 4).
6. Take your application to Debbie Mason or Rhonda Noble. You do not have to provide personal detail. Debbie Mason must sign the application at the bottom of Part I before it is submitted.
7. Email or fax the completed application form and all attachments, except the instructions, to:

Peninsula Community Foundation

Email: jbrambley@pcfvirginia.org

Fax: 757-327-0865

1. The Fund Manager will evaluate applications and identify qualified applicants.
2. The Fund Manager will communicate only with the Warwick Mechanical employee and Debbie Mason or Rhonda Noble (if necessary) regarding the application unless the employee 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.

## Application – Part 1

|  |  |  |
| --- | --- | --- |
| Name:  |  | Department:  |
| Address: |  | Location:  |
| City/State/Zip: |  | Email: |
| Home Phone:  |  | Work Phone:  |

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

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

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.

|  |
| --- |
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|  |
|  |
|  |

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 DEBBIE MASON OR RHONDA NOBLE

***Please note:*** *Debbie Mason or Rhonda Noble may be contacted by the Peninsula Community Foundation of Virginia to confirm employment status.*

This applicant is a full-time employee in good standing with Warwick Mechanical Group.

|  |  |  |
| --- | --- | --- |
| Signature: |  | Date: |
| PRINT Name:  |  | Phone:  |
| Title:  |  | Email:  |

## Application – Part 2 – Service Provider List

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 employee. Unless there are significant extenuating circumstances, checks ***will not be written directly to employees***.

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

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

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

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

## Application – Part 3 – Employee Finances

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 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:

|  |  |
| --- | --- |
| a. Gasoline for # cars | **$** |
| b. Groceries monthly # in family | **$** |
| c. Other (describe) | **$** |
| d. Other (describe)  | **$** |

1. Does applicant’s spouse work outside the home?  Yes  No  Not applicable
2. If yes, what is spouse’s net monthly take-home pay? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please be aware that, in some cases, the Fund Manager may 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Application - Part 4 - 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 Tysinger Family Fund 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 |
|  |  |  |
| Applicant Name (PRINT) |  |  |