

APPLICATION FOR HARDSHIP ASSISTANCE

Moderate Income



Overview

The purpose of this application is to facilitate financial assistance for moderate-income households in need as a result of job loss, temporary displacement, or extraordinary medical need. The IRS requires that grant recipients be selected from an open-ended group of individuals known as a "broad charitable class." This group must be large enough to ensure that the number of members comprising the class is not fixed. For this reason, the foundation should develop a means to identify persons beyond the board's immediate sphere of social contacts. This may be accomplished by obtaining referrals from clergymen, local charities, community organizations and social

workers, reading newspaper and magazine articles, and establishing other channels.

It is recommended that the foundation's board document its decision to render hardship assistance using the criteria and information obtained through this application, which has been designed to meet the IRS's record-keeping and needs assessment requirements. Therefore, while we have tried to streamline the application, we want to underscore that it is important that it be filled out carefully and with forethought. This application should not be construed as legal advice.

Form Instructions

Applicant Information

The IRS requires that a granting foundation record the grant recipient's need for assistance at the time of the grant, and the name, address, and amount distributed to each grant recipient. Accordingly, this information is requested solely to assist the foundation in documenting and assessing the applicant's need for assistance.

Sections 1 – 6, to be completed by the applicant, request the applicant's contact information as well as details regarding household income and net worth. The applicant is also asked to explain the need for hardship assistance and how he or she intends to spend the grant funds.

The applicant acknowledges that a granting foundation is required to make its annual return open to public inspection and that the granting foundation may be required by IRS rules to disclose his or her identity, address, the grant amount, and the grant purpose.

If the applicant is awarded a grant, the Foundation may decide to pay all or a portion of such award directly to a third party creditor to whom the applicant has a liability, such as a utility company, landlord, or healthcare provider. In that case, the Foundation will provide the applicant with a Check

Editing Authorization Form to be completed for each payee. Please note that checks made payable to third parties cannot be designated for travel, study, or similar purposes, as grants made for such purposes normally require advance IRS approval.

Referral Information

Sections 7A and 7B, to be completed, as applicable, by a referral source, confirms the need for assistance by an unrelated party.

Foundation Assessment and Approval

The IRS requires that a granting foundation record the objective criteria applied to assess an applicant's financial distress and the process by which a grant recipient is selected. Accordingly, the grant amount is expected to vary depending on the applicant's level of need.

Section 8, to be completed by the Foundation, explains how the applicant was selected over other applicants and how the board became aware of the need for assistance. This section also establishes that no substantial contributor to the Foundation, nor any of the Foundation's officers and/or directors and members of their respective families or households, will benefit, directly or indirectly, from the making of the grant.

This application is intended for use by clients of Foundation Source. If you are not a Foundation Source client and are using this application, please be advised that Foundation Source makes no representation or warranty, express or implied, with respect to this application, including without limitation, with respect to the accuracy, completeness, timeliness, noninfringement, merchantability or fitness for a particular purpose of this application, and Foundation Source hereby disclaims any such express or implied warranties.

Application for Hardship Assistance (Moderate-Income Households)

Purpose	To provide financial assistance for moderate-income individuals and families, which may, for example, be applied towards the following types of expenses: <ul style="list-style-type: none"> ▶ Job counseling ▶ Housing (rent, mortgage) ▶ Medical (doctor's fees, prescription drugs, lab tests, equipment) ▶ Living (food, clothing, day care, household supplies)
Eligibility Requirements	Households that: <ul style="list-style-type: none"> ▶ Have experienced job loss, temporary displacement, or extraordinary medical need ▶ Have a net worth of less than \$100,000 (total value of savings, real estate, and other assets, less credit card debt, mortgage, and other loans) <p>AND</p> <ul style="list-style-type: none"> ▶ Meet the income criteria below: <ul style="list-style-type: none"> • 1-person households with income under \$58,500 • 2-person households with combined income under \$67,500 • 3- and 4-person households with combined income under \$82,500 • 5- or more person households with combined income under \$97,500
How to Apply	<p>Sections 1 - 6 should be filled out by the applicant.</p> <p>Section 7 should be filled out by a professional who is familiar with the applicant's needs. See that section for details. The completed application, along with the required referral, should be returned to the person who gave it to you.</p> <p>Section 8 should be completed by the Foundation.</p> <p>If the applicant is awarded a grant, the Foundation may decide to pay all or a portion of the grant directly to a creditor such as a utility company or landlord. In that case, the Foundation will provide a Check Editing Authorization Form to be completed for each payee (optional).</p>

Section 1 – General Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ Apartment No. _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Section 2 – Information About the Applicant's Household

List the full name, date of birth, relationship, and the last four digits of the social security number of each person living in your household, including yourself, as reported on your tax return. Attach additional sheet(s) if necessary.

1	Your full name (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#	Annual Income
		____/____/____		\$
2	Full name of the 2nd person in your household (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#	Annual Income
		____/____/____		\$
	Relationship to you:			
3	Full name of the 3rd person in your household (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#	Annual Income
		____/____/____		\$
	Relationship to you:			

Name of Applicant: _____

Section 2 – Information About the Applicant's Household (Continued)

4	Full name of the 4th person in your household (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#	Annual Income
		___ / ___ / _____		\$
Relationship to you:				
5	Full name of the 5th person in your household (first, middle, last):	Date of Birth	Last 4 Digits of S.S.#	Annual Income
		___ / ___ / _____		\$
Relationship to you:				
TOTAL ANNUAL INCOME ►				\$

Section 3 – Net Worth of Applicant's Household

When filling out the chart below, please provide the total assets and loans/debts of all members of the applicant's household.

ASSETS		LOANS	
Savings		Credit Card Debt	
\$		\$	
IRA(s)		Car Loans	
\$		\$	
Value of Real Estate		Mortgage	
\$		\$	
Other Assets (Cars, etc.)		Other Loans (Student Loans, etc.)	
\$		\$	
Total Assets		Total Loans/Debts	
\$		\$	
NET WORTH (TOTAL ASSETS – TOTAL LOANS/DEBTS) ►			\$

Name of Applicant: _____

Section 4 – Monthly Expenses of Applicant's Household

TOTAL MONTHLY HOUSEHOLD LIVING EXPENSES	
Housing and utilities*	<p>List here the monthly expenses of all members of the applicant's household. Do not include charitable or voluntary retirement contributions.</p> <p>*Housing and utilities. This is the total rent or mortgage payment. Add the average monthly household expenses for property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities.</p> <p>Utilities include gas, electricity, water, fuel, oil, trash collection, and telephone.</p> <p>**Food, clothing, and miscellaneous. This is the total amount of expenses for clothing, food, housekeeping supplies, and toiletries for all household members for one month.</p> <p>***Transportation. This is the total amount of expenses for lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking, and tolls for one month.</p>
\$	
Food, clothing and miscellaneous**	
\$	
Transportation***	
\$	
Health care	
\$	
Child/dependent care	
\$	
Tuition and related educational expenses	
\$	
Credit card payments	
\$	
Other debts/loans (student loans, etc.)	
\$	
Court ordered payments	
\$	
Other expenses	
\$	
TOTAL MONTHLY HOUSEHOLD LIVING EXPENSES ▶	\$

Section 5 – Description of Need

5A. MEDICAL EXPENSES

If any box in this section is checked, a doctor or health care provider must complete Section 7A to confirm the need for hardship assistance due to the medical condition of one or more members of the applicant's household.

MEDICAL

- Medical Equipment/Hardware
- Medical Visits/Procedures
- Dental Visits/Procedures
- Prescription Drugs
- Home Health Care (Aide/Nurse)
- Therapy (Occupational/Physical/Speech)
- Psychiatric Care/Counseling
- Substance Abuse Rehabilitation/Counseling

5B. NON-MEDICAL EXPENSES

If any box in this section is checked, a clergyman, social worker, school representative, government agent or an official from a social assistance program or public charity must complete Section 7B to confirm the need for hardship assistance.

NON-MEDICAL

- Rent/Mortgage
- Health Insurance Premiums (Including COBRA Payments)
- Vocational Job Counseling/Training

LIVING

- Day Care
- Food
- Clothing
- Tutoring
- Household Supplies
- Non-Prescription Items

Describe the hardship that brought about the need for assistance: _____

If you have urgent bills that you are unable to pay, please describe the nature of the bill and the amount due in each case:

Name of Applicant: _____

Section 6 – Applicant's Declaration

Initials of Applicant

I affirm that my household qualifies for hardship assistance based on the income and asset criteria specified above and, further, I affirm that my household's current income and asset levels require these additional funds to meet the needs described in Section 5.

I affirm that all the information I have provided above to qualify for hardship assistance is complete, correct, and true to the best of my knowledge. I understand that I may be denied assistance if any of the above is false, and that I may be required to repay any assistance that I receive based on false or incomplete information.

Upon request, I agree to provide the Foundation or its administrator with evidence of the information I have provided on this application. I understand that this application becomes the property of the Foundation when submitted.

I understand that the Foundation's annual return is open to public inspection and that, if I receive a grant, the Foundation may be required by federal tax law to disclose on its annual return my identity and address, the grant amount, and a description of the grant purpose. I understand that, if I receive a grant, the Foundation will report on its annual return the address I provided above unless I provide my business address below to be used in place of my home address.

Business Address: _____

Street Address, City, State, ZIP

SIGN HERE > _____ **DATE >** _____



Stop here - you have completed your part of this application.

If you sought assistance for medical expenses, make certain that Section 7A is completed by the treating physician or health care provider. If you sought assistance for non-medical expenses, make certain that Section 7B is completed by a clergyman, social worker, school representative, government agent, or an official from a social assistance program or public charity that is familiar with your needs. This application will be rejected if the required referral is not completed and signed.

Return this completed application to the person who gave it to you.

If you are awarded a grant, the Foundation may decide to pay all or a portion of the grant award directly to a creditor such as a utility company or landlord. In that case, the Foundation will provide you with a Check Editing Authorization Form for you to complete for each payee.

Name of Applicant: _____

Section 7A – Medical Expenses Referral Form



This referral form must be completed and signed by the physician or health care provider treating the applicant and/or a member of the applicant’s household. Please return this completed form to the applicant.

Patient’s name _____

Health care provider’s name _____

Area of specialty & title _____

Facility’s name (if applicable) _____

Address _____ City _____

State _____ Zip _____ Email _____

How long have you been treating the patient? _____ Date of last examination _____

How many contacts have you had with the patient in the last six months? _____

Describe the patient’s significant medical problems:

Describe treatment and response:

Additional comments:

I affirm that all the information I have provided above to assist the named applicant in qualifying for hardship assistance is complete, correct, and true to the best of my knowledge.

SIGN HERE > _____ **DATE >** _____
Health Care Provider’s Signature

Name of Applicant: _____

Section 7B – Non-Medical Expenses Referral Form



This referral form must be completed by a clergyman, social worker, school representative, government agent, or an official from a social assistance program or a public charity familiar with the needs of the applicant and/or members of the applicant’s household. Please return this completed form to the applicant.

Referring person’s name _____

Define your relationship with the applicant:

Please check the box that applies:

- Clergyman
- Social Worker
- School Representative
- Government Official
- Official from a social assistance program or a public charity

Please provide your title: _____

Your organization’s name (if applicable) _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

How long have you known the applicant and/or the members of his or her household? _____

How many contacts have you had with the applicant and/or members of his or her household in the last six months? _____

Based on your familiarity with the applicant’s circumstances, what key factors support the applicant’s need for hardship assistance?

I affirm that all the information I have provided above to assist the named applicant in qualifying for hardship assistance is complete, correct, and true to the best of my knowledge.

SIGN HERE > _____ **DATE >** _____

Referring Person’s Signature

Name of Applicant: _____

Section 8 – Foundation Assessment and Approval

How did the Foundation become aware of this applicant’s need for hardship assistance?

Please check all boxes that apply:

- Through a clergyman or religious institution
- Through a social worker or government agency
- Through a social assistance program
- Through a public/community charity
- Through other means (briefly describe) _____

Please indicate the factors that influenced the Foundation to provide hardship assistance to this particular applicant and/or household based on the applicant’s description of need and input provided by the above referral source(s):

Please check all boxes that apply:

- This applicant has no “safety net,” such as nearby family or friends, who can offer assistance.
- This applicant has a large number of dependents.
- This applicant (or a member of the household) is gravely ill and requires medical attention.
- This applicant (or a member of the household) is physically disabled or handicapped.
- This applicant (or a member of the household) is emotionally traumatized/psychologically fragile.
- This applicant (or a member of the household) is of advanced age.
- Other: _____

Name of Applicant: _____

Amount of Hardship Grant

The Foundation may give an individual or household a maximum of \$5,000 in any 12-month period, which may be paid to the applicant, to creditors on behalf of the applicant, or to a combination of the two. Please indicate below the total amount of assistance that the Foundation has approved for the applicant.

Check here if any portion of the grant funds should be made payable and sent directly to one or more creditors on the applicant's behalf. Please attach a completed Check Editing Authorization Form for each creditor.

Total portion of grant funds to be made payable to one or more third party creditor(s):

\$ _____

Check here if any portion of the grant funds should be made payable directly to the applicant.

Portion of grant funds to be made payable to applicant:

Delivery options (please check one)

Send check directly to the applicant; or

Send check to me to deliver to the applicant

\$ _____

TOTAL GRANT APPROVED

\$ _____

By signing below, I certify that I am authorized to sign this application on behalf of the below named foundation. As such, I declare that no substantial contributor to the Foundation, nor any of the Foundation's officers, directors, and/or trustees and members of their respective families or households, will benefit, either directly or indirectly, from the making of this gift. I further declare that the Foundation has not required the applicant to use the proceeds of this gift for travel, study, or similar purposes. I also declare that the proceeds of this gift will not be used to influence legislation or the outcome of any specific public election or to finance voter registration drives. Moreover, I declare that the proceeds of this gift will not be used to satisfy the charitable pledge or obligation of any "disqualified person" with respect to the Foundation, as that term is defined in Section 4946 of the Internal Revenue Code.

Finally, if I have instructed Foundation Source above to send the grant check to me for delivery, I further agree to deliver such check to the applicant promptly upon receipt, and no later than the last day of the Foundation's tax year in which I receive the check. In this event, I understand that the Foundation relies upon delivery on or before this deadline for tax reporting purposes, and Foundation Source will have no liability whatsoever in the event that such delivery is not made on a timely basis.

Name of Foundation _____
Please Print

Name of Authorized Person _____ Title: _____
Please Print

SIGN HERE > _____ **DATE >** _____



Please mail this completed application to Foundation Source at 55 Walls Drive, 3rd Floor, Fairfield, CT 06824, fax it to us at 800-839-1764, or email to your Private Client Advisor.

Faxing or emailing this application will enable us to process it without delay, but please be sure to mail us the original signed document for the Foundation's records. If you have any questions about how to fill out this application, please call Foundation Source at 800-839-1754 or contact your Private Client Advisor.

This application is intended for use by clients of Foundation Source. If you are not a Foundation Source client and are using this application, please be advised that Foundation Source makes no representation or warranty, express or implied, with respect to this application, including without limitation, with respect to the accuracy, completeness, timeliness, noninfringement, merchantability or fitness for a particular purpose of this application, and Foundation Source hereby disclaims any such express or implied warranties.

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Now in our second decade, Foundation Source provides its services to more than 1,500 family, corporate, and professionally staffed foundations, of all sizes, nationwide. We work in partnership with wealth management firms, law firms, accounting firms, and family offices as well as directly with individuals and families. Foundation Source is headquartered in Fairfield, Connecticut.

Have a question? Call 800.839.0054 or
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