



# THE HOMER FUND

## DIRECT GRANT PREP PACK

*This packet contains relevant forms and information **REQUIRED** to accompany the electronic application for a Direct Grant.*

*This packet **IS NOT** the Direct Grant application; partner with your manager to apply.*

### Applicant's Checklist:

- Determine preliminary eligibility by taking the quick-test online at [THDHomerFund.org/grants/direct\\_new/dg\\_test/](http://THDHomerFund.org/grants/direct_new/dg_test/)
- If eligible for a Direct Grant, complete page 4 of this Direct Grant Prep Pack and the corresponding pages for the applicant's qualifying event
  - Applicant's signature is required as verification that all provided information is true and correct, and as authorization for the Fund to verify all information
- Gather supporting documentation relevant to your situation (refer to the Documents Checklist on each of the following pages)
  - Pages 4 and 15 of the Prep Pack are **REQUIRED**
  - Current copies of bills for which you are requesting assistance is required
- Partner with your ASDS, HR partner, or any manager or above to formally apply
  - Sponsors must complete the **electronic application** and submit the Direct Grant Prep Pack and other supporting documentation to The Homer Fund  
***Applicants cannot access the application without the ASDS, HR partner or manager***
- Questions? Call The Homer Fund at (770) 384-2611 or email to [Homer\\_Fund@homedepot.com](mailto:Homer_Fund@homedepot.com)
- Fax information to (770) 384-2612

### Sponsor's Checklist:

- Determine preliminary eligibility by providing the applicant with access to the quick-test online at [THDHomerFund.org/grants/direct\\_new/dg\\_test/](http://THDHomerFund.org/grants/direct_new/dg_test/)
- Ensure you have full clarity of the applicant's hardship before agreeing to act as a sponsor
  - As a sponsor, you agree that to the best of your knowledge, the applicant's request meets the criteria for a Direct Grant
  - Be prepared to act as a liaison between the applicant and The Homer Fund, if necessary
- Collect this packet and all supporting documentation relevant to the applicant's situation (refer to the Documents Checklist on each of the following pages)
  - Pages 4 and 15 of the Prep Pack are **REQUIRED**
  - Current copies of bills are required
- Log into your Homer Fund personal account to complete the appropriate electronic application
  - ***Applicants cannot access the application without your help***, so please act with a sense of urgency
  - If you do not have a personal account, please contact The Homer Fund to set up your account
- Questions? Call The Homer Fund at (770) 384-2611 or email to [Homer\\_Fund@homedepot.com](mailto:Homer_Fund@homedepot.com)
- Fax information to (770) 384-2612

## HELPFUL FAQS AND TIPS

*The Homer Fund is a 501(c)3 non-profit charity that offers emergency financial assistance to Home Depot associates who are unable to pay for specific expenses related to an unforeseen event*

### 1. What is a qualifying, or triggering event?

A qualifying event, as defined by The Homer Fund, is a recent and unanticipated event that has caused a financial hardship. Qualifying events must have occurred within the last nine months. Specifically, the Direct Grant considers a short but impactful list of qualifying events listed below:

- Natural disaster or house fire
- Illness or injury
- Death
- Unforeseen sale/foreclosure of a home where the associate is the renter
- Involuntary unemployment due to a layoff, position elimination, company closure/downsize
- Major car repairs, such as transmission or engine repair/replacement (up to \$1,500)
- Major home repairs that present unsafe living conditions or make the home structurally unsafe (i.e., roof repair, major plumbing repairs)
- Crime – must be a victim of a specific type of crime, such as robbery, burglary, identity theft, etc. (crimes committed by the associate/qualifying family are excluded from consideration; legal fees are excluded from consideration)
- Loss of specific types of household income (i.e., government subsidy, court-ordered child support)

*\*Qualifying applications must have both a qualifying event AND a qualifying expense; one without the other typically results in a decline*

### 2. What is a qualifying expense?

The Direct Grant primarily addresses basic living expenses for which the applicant is unable to pay:

- Past due rent/mortgage
- Past due basic utilities (gas, water and electricity ONLY)
- Security deposits to establish a new residence
- Food and clothing
- Major car repairs for transmissions, engines, catalytic converters, radiators, timing belts, water pumps (up to \$1,500)
- Past due car loan/insurance
- Major home repairs

The Direct Grant may also address some essential expenses related to the death of a loved one:

- Essential funeral expenses
- Emergency travel expenses

### 3. Who is included as a qualifying family member?

- Associate's legal spouse (marriage certificate may be requested)
- Associate's legal dependent (recent tax return listing person as a dependent may be requested)
- Associate's parent, sibling or adult child (relevant to the death category ONLY; proof of relation will be requested)

### 4. How often can I apply for a Direct Grant?

Because a Direct Grant addresses an abnormal and unforeseen event causing a hardship, Direct Grants are a one-time grant. It is unlikely that more than one Direct Grant for the same situation will be issued. However, an associate could potentially receive multiple Direct Grants for different situations. For instance, an associate may receive a Direct Grant in January due to the loss of their home in a fire. This same associate might receive another Direct Grant in June of the same year because their spouse

became ill and the associate had to take time from work to care for the spouse. If the spouse's illness leads to their death in November of that same year, yet another Direct Grant could be appropriate.

**5. What happens after I submit my application to The Homer Fund?**

Once you have gathered your supporting documents and completed the Direct Grant Prep Pack, you will meet with your ASDS, HR partner or manager (also known as a sponsor) to apply. Your “sponsor” must complete the electronic application online and submit your Direct Grant Prep Pack to The Homer Fund. Once received by The Homer Fund, your request is assigned to an Analyst who will perform the preliminary review of your request. The Analyst will base their understanding of the situation based on the information provided, so please ensure all documentation is provided upon submission of the application.

**The Analyst is your advocate throughout the review process.** The assigned Analyst will ensure the application is complete (including all supporting documentation), and ensure they have a thorough understanding of the applicant’s situation to properly support your need. Each case is different, and decisions are based on the information and documentation submitted. Complete the packet in its entirety as missing information will cause a delay in processing. We encourage you to be specific in the explanation of your unique situation so the Analyst has clarity about your need. The Analyst will reach out to you or your sponsors with any questions, so ensure your contact information is accurate. The Analyst will prepare your request for a final review with a manager where a decision will be made on how The Homer Fund can help. The Homer Fund will ALWAYS provide the most assistance possible, based on the qualifying event and the necessary expenses. **Please allow 5-7 business days for this process to take place.** Requests submitted without the proper documentation are declined upon receipt, delaying The Homer Fund’s ability to make a determination on eligibility and respond quickly.

**6. How can I ensure my application is processed quickly?**

**New requests may take 5-7 business days to process.** The biggest cause for delay is lack of documentation. An application which is complete upon receipt may be processed much sooner. **Reference the Applicant’s Checklist on page one** of the Direct Grant Prep Pack to ensure you follow the proper steps and provide all documents upon submission of your request to minimize delays or a declination. Requests submitted without the proper documentation are declined upon receipt.

Applicants are reminded to take an active role in the application process. It is the only way to quickly move through the process and obtain a quick decision on the request.

- Provide ALL documentation with the initial submission of your grant request
- Ensure all information within this Direct Grant Prep Pack is clear and supports your need
- Provide a valid email address as this is the most common method of communication with The Homer Fund
- Be available to answer questions quickly to maintain progress in the review stage
- While partnership with your management team is a necessity at the beginning of the application stage, you may speak directly with a Homer Fund team member at any time by calling (770) 384-2611. You may also fax documents to (770) 384-2612 or email documents to Homer\_Fund@homedepot.com



**BASIC INFORMATION**

(Must be completed for ALL Direct Grant requests)

**ASSOCIATE'S INFORMATION**  
(items in bold must be completed)

Legal Name: \_\_\_\_\_ Associate ID Number: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_  
(Do not provide a P.O. Box address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Email Address (if available): \_\_\_\_\_

Mobile Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ May we communicate with you via text:  Yes  No

Job Title: \_\_\_\_\_

Home Depot Store Number: \_\_\_\_\_

Hourly or Salaried Associate?:  Hourly  Salaried

Full-time or Part-time Associate?:  FT  PT

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Associate's Signature\*\* Date

**CHECK BOXES BELOW TO ACKNOWLEDGE UNDERSTANDING:**

- I understand that I must **partner with my manager, ASDS or HR partner** to officially apply for Homer Fund assistance
- I understand it will take **5-7 business days** to determine the outcome of my request for assistance (check box to acknowledge understanding).
- My signature serves as verification that all information provided on this application is **true and accurate** to the best of my knowledge.
- My signature also authorizes The Homer Fund to **verify all information** and/or to obtain additional information as needed to complete my request for assistance.

If awarded a grant, I give The Homer Fund permission to use my story (check if you agree).

**QUALIFYING EVENT**

As a reminder, all applications require pages 4, 15 and 17. Please mark the event which has caused the hardship below for additional page requirements:

- Natural Disaster/Fire** - i.e., hurricane, flood, earthquake, tornado, wind/ice storm, wild fires, etc. (complete pages 4, 5, 15 & 17)
- Illness/Injury** (complete pages 4, 6, 15 & 17)
- Death** (complete pages 4, 7, 15 & 17)
- Crime** (complete pages 4, 13, 15, 17)
- Major Car Repairs** (complete pages 4, 12, 15, 17)
- Unanticipated Increase in Family Size** (complete pages 4, 14, 15 & 17)
- Uninsured Home Modification Related to Illness/Injury** (complete pages 4, 6, 10 & 12)
- Uninhabitable or Condemned Housing** (complete pages 4, 8, 15 & 17)
- Sale or Foreclosure of leased property** (complete pages 4, 8, 15 & 17)
- Loss of subsidy/child support** (complete pages 4, 10, 15 & 17)
- Major Home Repairs** (complete pages 4, 11, 15, 17)
- Unemployment** (complete pages 4, 9, 15 & 17)

**REQUESTED EXPENSES**

Please mark requested expenses related to the qualifying event above:

- Past due rent/mortgage/security deposit
- Past due electricity, water or gas
- Medical insurance premiums
- Funeral expenses/emergency travel
- Car loan
- Home repairs or modification
- Food
- Clothing
- Car repairs
- Car insurance

The Homer Fund helps associates who are unable to pay for housing, utilities, food and clothing because of a natural disaster or a fire that has damaged or destroyed his or her primary residence. Expenses may be addressed in the absence of insurance that will cover the costs listed below.

**WHAT'S COVERED (no exceptions)**

- Temporary housing (such as hotel until primary residence is rebuilt)
- Essential utility bills/deposits (electricity, natural gas, water, sanitation), homeowners association and property taxes
- Security deposit to move into new rental home/apartment
- Home repair/rebuilding costs/building supplies
- Essential furniture and toiletries
- Appliances (refrigerator & stove only)
- Stipends for food, clothing and moving expenses

**WHAT'S NOT COVERED**

- Down payment to purchase new home
- Non-essential utilities (cable, phone, cell phone, internet)
- Storage expenses
- Electronics
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**GENERAL INFORMATION**

What type of disaster has affected the associate?

- Fire                       Tornado                       Flood                       Hurricane  
 Earthquake               Blizzard/Ice/Windstorm       Other \_\_\_\_\_

Yes      No

- Did this disaster occur within the past 9 months? **If no, DO NOT move forward as the event falls outside The Homer Fund's time frame of consideration and does not qualify for Homer Fund assistance.**  
  Does the associate have homeowners or renters insurance? If the associate has insurance, how much has the insurance company paid thus far? \$\_\_\_\_\_
- Is the insurance company paying for the associate's immediate needs?  
  Is the insurance company reimbursing the associate for out-of-pocket expenses?  
  Can the associate live in his or her primary residence?  
  Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 16) is required.

Where is the associate currently living?  Relatives  Friends  Hotel  Shelter  \_\_\_\_\_

With what basic, essential needs does the associate seek help?

- Rent/mortgage       Security deposit       Utilities       Furniture       Appliances  
 Clothing               Home Repairs               Food

If the home damaged in the disaster or fire is an apartment/rental home, is the apartment complex/landlord doing anything to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)?  Yes (*explain below*)     No

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**Please provide more details on Page 17**

**Document Checklist** (The following documents are **required at time of submitting** application for review):

- Fire report/Police report
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water, sanitation)
- Quote for home repairs if associate owns the damaged home
- Proof of insurance payout or declination letter
- Any other documentation relevant to this request (insurance report, etc.)

The Homer Fund helps associates who are unable to pay for housing, utilities, medical insurance premiums, food, clothing and uninsured home modifications because of an illness or injury sustained by the associate, their legal spouse or legal dependent. **Parents, grandparents, or other relatives are not considered dependents, unless the associate can show they are 100% financially responsible for that relative.**

**WHAT'S COVERED (no exceptions)**

- Past due rent/mortgage (must have received a past due notice)
- Past due essential utilities (Most current utility bills)
- Rent/essential utility deposits – if moving into more affordable housing (electricity, natural gas, water, sanitation, HOA fees, property taxes only)
- Home modifications (wheelchair ramp, doorways, bathroom, lifts etc.)
- Necessary hotel accommodations (up to \$100 per night) to accompany a hospitalized qualifying dependent
- Medical Insurance premiums after 30 consecutive days on medical leave (current copy of detailed bill, including ALL pages)
- Food and clothing

**WHAT'S NOT COVERED**

- Medical Bills
- Treatment costs (surgery, chemotherapy)
- Co-pays
- Medication/Medical Equipment
- Non-essential utilities (cable, phone, cell phone)
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Credit cards, personal loans (including loans from family), childcare

**GENERAL INFORMATION**

Who is the ill/injured party?     Associate     Spouse     Minor Child  
 Other Dependent (*proof of dependency required*): \_\_\_\_\_

- |  |   |
|--|---|
| <p><u>Yes</u>    <u>No</u></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> <p><input type="checkbox"/>    <input type="checkbox"/></p> | <p>Did this illness/injury occur within the past 9 months? <i>If no, DO NOT move forward as the event falls outside The Homer Fund's time frame of consideration and does not qualify for Homer Fund assistance.</i></p> <p>Is the affected person covered by medical insurance?</p> <p>Does the affected person have any medical bills that are not covered by insurance? If so, how much? \$ _____</p> <p>Is/was the affected person on a leave of absence due to the illness or injury? If yes, what is/was the start date of the leave and expected return date? Start date ____/____/____ Return or expected date ____/____/____</p> <p>If the associate is not the ill or injured party, does the affected person live with the associate?</p> <p>Is the ill/injured person covered by disability insurance?</p> <p>Is/was the affected person receiving disability benefits? If so, how much? \$ _____/week</p> <p>Has the associate applied for disability?</p> <p>Is there a need for home modifications?</p> <p>Is the associate being evicted or foreclosed?</p> |
|--|---|

With what basic, essential needs does the associate seek help?

- |   |   |                                    |   |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Rent/mortgage      | <input type="checkbox"/> Security deposit | <input type="checkbox"/> Utilities | <input type="checkbox"/> Medical insurance premiums |
| <input type="checkbox"/> Home modifications | <input type="checkbox"/> Clothing         | <input type="checkbox"/> Food      | <input type="checkbox"/> Other: _____               |

***Please provide more details on Page 17***

**Document Checklist**  
 (The following documents are **required upon submission** to The Homer Fund for review)

- Physician's statement supporting dates of illness and expected date of recovery/return to work
- Receipts for paid medical expenses (or other documentation to support payment of medical bills)
- Past due notices for rent/mortgage/essential utilities
- Rent/essential utilities deposit statements (if moving into more affordable housing)
- All pages of the insurance premium bill, plus any other documentation relevant to this request (i.e., medical bills to support claim of payment of high bills, etc.)

The Homer Fund may address specific expenses related to the death of the associate, their legal spouse or legal dependent, their parents and their young adult children (up to age 26). The Fund may be able to help if the loss of income or the payment of funeral expenses prevents an associate or eligible dependent from paying basic living expenses. The Homer Fund may assist with funeral expenses if the associate is unable to afford the funeral. The Fund may also help with emergency travel expenses to the funeral of a parent, sibling or child (funeral expenses are excluded for this group of people). **Typically, grandparents or other relatives are not considered dependents, unless the associate can show they were 100% financially responsible for that relative prior to their death.**

**WHAT'S COVERED (no exceptions)**

- Funeral expenses – essential costs only (*excludes* notices, flowers, acknowledgements, limousines, grave markers, etc.)
- Emergency travel expenses
- Rent/basic utilities deposits - if moving into more affordable housing (electric, natural gas, water, sanitation, homeowners' association, property taxes only)

**WHAT'S NOT COVERED**

- Medical bills
- Treatment costs (surgery, chemotherapy, etc.)
- Insurance premiums/co-pays
- Non-essential utilities (cable, phone, cell phone)

*By requesting a Homer Fund grant, you give The Homer Fund permission to contact the life insurance carrier(s), including Securian, Home Depot's carrier, to obtain information including insurance amounts and beneficiary data.*

**GENERAL INFORMATION**

Who is the deceased?  Associate  Spouse  Parent  Sibling (*travel expense ONLY*)  Child

Other Dependent (see definition above): \_\_\_\_\_

With which of the expenses below is associate seeking help?

Emergency travel expenses  Funeral expenses  Security deposit  Utilities  Food  Clothing

Yes    No

Did this death occur within the past 9 months? *If no, DO NOT move forward as the event falls outside The Homer Fund's time frame of consideration and does not qualify for Homer Fund assistance.*

Did the deceased have life insurance? If so, how much? \$ \_\_\_\_\_  
If so, who is the beneficiary? \_\_\_\_\_

Did the deceased work outside of the home or have other income?

Has funeral already been paid? If yes, what method was used to pay the expense?

Associate's savings     Associate's checking acct.     Associate's credit card

Family collection     Associate borrowed from a bank

Associate borrowed from an individual     Life insurance policy

If expenses remain unpaid, what is the balance? \_\_\_\_\_

If the expenses for services were paid, who made the payment?

Surviving parent/parent-in-law     Spouse     Sibling(s)     Other: \_\_\_\_\_

If the expenses remain unpaid, how many other people are responsible for or contributing to the cost of funeral? \_\_\_\_\_ **Amount for which the associate is directly responsible \$ \_\_\_\_\_**

What is the name, address and phone number of the funeral home/cemetery requiring payment?

Name of Funeral Home/Cemetery: \_\_\_\_\_

Phone Number of Funeral Home/Cemetery: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***Please provide more details on Page 17***

**Document Checklist**

(The following documents are **required upon submission** to The Homer Fund for review)

- Itemized funeral expenses bill/quote
- Receipt showing payment of funeral services
- Past due notices for rent/mortgage/essential utilities
- Rent/essential utilities deposit statements (if moving into more affordable housing)
- Proof of relationship (i.e.: obituary, birth certificate, etc.)
- Any other documentation relevant to this request (medical bills, etc.)

# UNINHABITABLE/CONDEMNED HOUSING OR UNANTICIPATED SALE OR FORECLOSURE

The Homer Fund helps associates with relocation if their home is uninhabitable or condemned, or if forced to relocate due to unanticipated sale or foreclosure of a property they rent from a private landlord.

### WHAT'S COVERED (no exceptions)

- Housing (such as hotel until primary residence is rebuilt)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electric, natural gas, water, sanitation, homeowners association, property taxes only)
- Renters insurance deductibles
- Food and clothing
- Furniture/Appliances
- Moving expenses

### WHAT'S NOT COVERED

- Down payment on new home
- Non-essential utilities (cable, phone, cell phone)
- Storage expenses
- Electronics

## GENERAL INFORMATION

Which situation applies to this associate?

- Unanticipated Sale/Foreclosure of leased property - **attach related verification (i.e., notice to evacuate, foreclosure notice, notice of sale)**
- Uninhabitable/condemned Housing (i.e., mold, rodent/insect infestation, code violation)

Yes      No

- Did this event occur within the past 9 months? *If no, DO NOT move forward as the event falls outside The Homer Fund's time frame of consideration and does not qualify for Homer Fund assistance.*
- Does the associate have renter's insurance?
- If so, has the insurance company paid the associate?  
If yes, how much has the insurance company paid? \_\_\_\_\_
- Is the associate currently living in the residence?  
If so, what is/was the move-out date? \_\_\_/\_\_\_/\_\_\_
- Is the associate seeking assistance to move into a new apartment/rental home?  
If so, a landlord statement (page 16) is required.

When did associate last pay rent? \_\_\_/\_\_\_/\_\_\_      What amount was paid? \$\_\_\_\_\_

Where is the associate currently living?  Relatives     Friends     Hotel     Shelter     \_\_\_\_\_

With what basic, essential needs does the associate seek help?

- Security deposit     Utilities     Furniture     Appliances     Clothing     Food

If an apartment/rental home was damaged or destroyed, what is the apartment complex/landlord doing to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)?

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*Please provide more details on Page 17*

### Document Checklist

(The following documents are **required upon submission** to The Homer Fund for review)

- Notice to vacate/foreclosure notice
- Notice of condemnation/other documentation showing home uninhabitable
- Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- Essential utilities deposit statements (electricity, gas, water)
- Any other documentation relevant to this request (insurance report, etc.)



# UNEMPLOYMENT

The Homer Fund helps associates who are unable to pay for housing, utilities, food and clothing because of the recent unemployment of the associate’s spouse or of the associate’s secondary job. Unemployment must be involuntary (i.e., lay-off or company closure) and have taken place within the last twelve months. Also, a loss of specific types of household income that impacts associate’s associate ability to provide for their family.

### WHAT’S COVERED (no exceptions)

- Past due rent/mortgage (must have received a past due notice)
- Past due essential utilities (Most current utility bills)
- Rent/essential utility deposits - if moving into more affordable housing (electricity, natural gas, water, sanitation, homeowners association fees, property taxes only)

### WHAT’S NOT COVERED

- Non-essential utilities (cable, phone, cell phone, internet)
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Auto payments, credit cards, personal loans (including loans from family), childcare Medication/Medical Equipment

## GENERAL INFORMATION

Who is unemployed?  Associate  Spouse  Other Dependent: \_\_\_\_\_

Yes    No

- Did the job loss occur within the past 9 months? *If no, DO NOT move forward as the event falls outside The Homer Fund’s time frame of consideration and does not qualify for Homer Fund assistance.*
- Is the affected person receiving unemployment benefits?  
If so, how much? \$\_\_\_\_\_
- Has the associate applied for unemployment benefits?
- Is the affected person’s job seasonal?  
If yes, when did the unemployment start and what is the expected date of return to work?  
Unemployment start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Return to work date \_\_\_\_/\_\_\_\_/\_\_\_\_

With what basic, essential needs does the associate seek help?

- Rent/Mortgage  Security deposit  Utilities  Food  Car loan/insurance  \_\_\_\_\_

Please tell us anything else that would help us assess this application (attach separate sheet if necessary):

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*Please provide more details on Page 17*

<p><b>Document Checklist</b> (The following documents are <b>required upon submission</b> to The Homer Fund for review)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Separation letter from previous employer that clearly states the reason and date for unemployment on company letterhead with contact information.</li> <li><input type="checkbox"/> Letter from Dept. of Labor that clearly states the reason and date for unemployment and company information</li> <li><input type="checkbox"/> Past due notices for rent/mortgage/essential utilities</li> <li><input type="checkbox"/> Rent/essential utilities deposit statements (if moving into more affordable housing)</li> <li><input type="checkbox"/> Check here is help is needed with a matching grant as well to cover bills such as (i.e., Phone, medical bills, etc.)</li> </ul>
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**LOSS OF GOV'T SUBSIDY OR COURT-ORDERED CHILD SUPPORT**

The Homer Fund helps associates who are unable to pay for basic necessities due to the recent loss of specific types of income. Income from government subsidies or court-ordered child support may be considered.

**WHAT'S COVERED (no exceptions)**

- Past due rent/mortgage (must have received a past due notice)
- Past due essential utilities (Most current utility bills)
- Rent/essential utility deposits - if moving into more affordable housing (electricity, natural gas, water, sanitation, homeowners association fees, property taxes only)

**WHAT'S NOT COVERED**

- Non-essential utilities (cable, phone, cell phone, internet)
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Credit cards, personal loans (including loans from family), childcare
- Medication/Medical Equipment

**GENERAL INFORMATION**

What income was lost?  Court-Ordered Child Support  Section 8  SSI  
 SNAP  TANF  Other Subsidy: \_\_\_\_\_

When is the last date of payment/subsidy received? Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Who lost income?  Associate  Spouse  Minor Child  Other Dependent: \_\_\_\_\_

Is associate able to provide proof of the income that has ended? Yes No

**Yes**    **No**

- Did the need for major repairs occur on or after 8/1/19? *If no, DO NOT move forward as the event falls outside The Homer Fund's time frame of consideration and does not qualify for Homer Fund assistance.*
- Is the affected person receiving other benefits?  
 If so, what type of benefits? \_\_\_\_\_  
 How much are these benefits monthly? \$\_\_\_\_\_
- Has the associate applied for other benefits?
- Is associate able to provide proof of the loss of income noted above (i.e., letter of notification)?
- Is the loss of assistance temporary?  
 If yes, when does associate expect benefits to be reinstated? Date \_\_\_\_/\_\_\_\_/\_\_\_\_

With what basic, essential needs does the associate seek help?

Rent/Mortgage  Security deposit  Utilities  Food  Car loan  \_\_\_\_\_

Please tell us anything else that would help us assess this application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please provide more details on Page 17*

<p><b>Document Checklist</b>                  (The following documents are <b>required upon submission</b> to The Homer Fund for review)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation to show proof of the income/assistance and proof that the assistance ended (i.e.: proof of assistance and copy of bank statements)</li> <li><input type="checkbox"/> Past due notices for rent/mortgage/essential utilities</li> <li><input type="checkbox"/> Rent/essential utilities deposit statements (if moving into more affordable housing)</li> <li><input type="checkbox"/> Check here if help is needed with a matching grant as well to cover bills such as (i.e., Phone, internet, medical bills, etc.)</li> </ul>
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**MAJOR HOME REPAIRS**

The Homer Fund may assist with high-cost home repairs **impacting the safety** of the owned home in which the associate and their family reside. This pertains to homes where unsafe conditions exist, one where the home poses an **immediate threat** to the structure and safety of associate’s home.

**WHAT’S COVERED (no exceptions)**

- Temporary hotel stay while home is being repaired
- Cost of repairs from a licensed contractor
- Past due rent/mortgage
- Essential utility bills/deposits (electric, natural gas, water, sanitation)
- Homeowners insurance deductible
- Furniture/Appliances
- Moving expenses
- Food and clothing

**WHAT’S NOT COVERED**

- Home repairs of a rental property
- Down payment on new home
- Tree removal for trees fallen in yard
- Expenses covered by Insurance
- Non-essential utilities (cable, phone, cell phone)
- Storage expenses

**GENERAL INFORMATION**

Please describe the necessary repair (i.e., cause of damage, impact of safety of home, etc.):

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What is the cost of the repairs? \$\_\_\_\_\_

When was damage first noticed? \_\_\_\_/\_\_\_\_/\_\_\_\_

**Yes**      **No**

- Did the need for major repairs occur on or after 8/1/19? *If no, DO NOT move forward as the event falls outside The Homer Fund’s time frame of consideration and does not qualify for Homer Fund assistance.*
- Was damage to home caused by a natural disaster? If so, **STOP** here and complete page 5.
- Does associate own the home? If not, **DO NOT** complete this page & consider page 8.
- Does associate have homeowners insurance?  
If so, what is the expected pay out from the insurance company? \$\_\_\_\_\_
- Please note that insurance **MUST** be the first line of defense. If insurance payout is not enough to cover the home repairs, The Homer Fund may consider the balance. If insurance declines associate’s request for home repairs, associate **MUST** provide a documentation from their insurance company.*
- Is the insurance company paying for the associate’s immediate needs?
- Is the insurance company reimbursing the associate for out-of-pocket expenses?
- Can the associate live in his or her primary residence?  
If not, where is associate currently living?  Relatives    Friends    Hotel  
 Shelter       Other location: \_\_\_\_\_
- Is the associate seeking assistance with temporary housing while home is being repaired? If so, complete page 16.

*Please provide more details on Page 17*

**Document Checklist**

(The following documents are **required upon submission** to The Homer Fund for review)

- Proof of home ownership (i.e.: most current mortgage statement, property tax bill, deed, etc.)
- Quote from a licensed contractor who will be making the repairs
- Landlord statement for new apartment/rental home stating all monies needed to move-in (in situations where temporary housing is needed.)
- Essential utilities deposit statements (electricity, gas, water)
- Any other documentation relevant to this request (insurance report, etc.)

**MAJOR CAR REPAIRS** (for select repairs)

The Homer Fund may assist with certain major car repairs related to select repairs causing vehicle breakdown or damage that prohibits mechanical operation of associate's owned/financed vehicle.

**WHAT'S COVERED (no exceptions)**

- Certain types of repairs (transmissions, engines, catalytic converters, radiators, timing belts, water pumps)
- Major repairs that cost at least \$500 (coverage capped at \$1,500)

**WHAT'S NOT COVERED**

- Regular car maintenance
- Repairs unrelated to list in previous column
- Down payment to purchase a car
- Minor car repairs costing less than \$500
- Repairs that are addressed by car insurance

**GENERAL INFORMATION**

What is the year/make/model of vehicle in need of repair? **Year:** \_\_\_\_\_

**Make** (i.e., Ford, Dodge): \_\_\_\_\_ **Model** (i.e., Explorer, Charger): \_\_\_\_\_

Please describe the symptoms leading to the diagnostic of the repair for which you seek assistance:

- | <u>Yes</u>               | <u>No</u>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is this a request for a major repair to your transmission, engine, catalytic converter, radiator, timing belt, water pump? <i>If no, DO NOT move forward as the event is not a qualifying event for Homer Fund assistance. Consider a Matching Grant.</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the need for major repairs occur on or after 8/1/19? <i>If no, DO NOT move forward as the event falls outside The Homer Fund's time frame of consideration and does not qualify for Homer Fund assistance.</i>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the vehicle drivable? If not, when did associate lose use of vehicle? ____/____/____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does associate own/finance the impacted vehicle ( <i>must provide proof</i> )?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the car the associate's primary/only vehicle?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the car under warranty? If yes, what amount will be paid towards repair? \$_____  |
| <input type="checkbox"/> | <input type="checkbox"/> | If car was involved in an accident, does the associate have car insurance?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If so, will insurance company cover the amount for repairs?<br><i>Please note that insurance MUST be the first line of defense. If insurance payout is not enough to cover the car repairs, The Homer Fund may consider the balance. If insurance declines associate's request for car repairs, associate MUST provide a documentation from their insurance company.</i> |

What method of transportation is associate currently using while car waits for repair?

- Borrowed car from friend/family  
  Uber/Lyft/Taxi/Public Transit  
  Rides from coworkers/friends/family  
 Currently driving vehicle noted above  
  Walking  
  Biking

What is the cost of the repair? \$\_\_\_\_\_

How much does associate have to apply towards the cost of the car repairs? \$\_\_\_\_\_

*(if awarded, grant may cover up to \$1,500)*

If the cost of repairs exceed \$1,500, how will associate pay the remaining balance to repair the vehicle?  
*(grant will not be considered without the ability to pay the balance exceeding \$1,500)*

**Please provide more details on Page 17**

<p><b>Document Checklist</b> (The following documents are <b>required upon submission</b> to The Homer Fund for review)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of ownership (i.e.: car loan statement, car registration, title, etc.)</li> <li><input type="checkbox"/> Proof of car insurance coverage (in the event of an accident)</li> <li><input type="checkbox"/> Proof of insurance payout or declination email (in the event of an accident)</li> <li><input type="checkbox"/> Quote for repairs from a licensed mechanic or repair shop performing the repairs</li> </ul>
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**CRIME**

The Homer Fund may assist with some expenses associated with the victimization of certain crimes. Consideration will be given to associate's (and qualifying family members) who are victims of **violent crimes such as robbery, assault & domestic violence, as well as non-violent crimes such as identity theft and burglary.**

**WHAT'S COVERED (no exceptions)**

- Past due rent or mortgage
- Security deposit to move into safe rental home
- Essential utility bills/deposits (electric, natural gas, water, sanitation)
- Furniture/Appliances
- Moving expenses
- Food and clothing

**WHAT'S NOT COVERED**

- Legal/Attorney Fees
- Down payment on new home
- Storage expense
- Non-essential utilities (cable, phone, cell phone)

**GENERAL INFORMATION**

Who was directly impacted by the crime?  Associate  Legal Spouse  Minor Child  
 Other Dependent: \_\_\_\_\_

What was the nature of the crime?  Robbery  Domestic Violence  Assault  Identity theft  
 Burglary  Other \_\_\_\_\_

When did the crime/incident occur? \_\_\_\_/\_\_\_\_/\_\_\_\_

What needs resulted from being a victim of this crime?  Past due rent/mortgage  Past due utilities  
 Security deposit for new residence  Other: \_\_\_\_\_

**Yes**      **No**

- Did the need for major repairs occur on or after 8/1/19? *If no, DO NOT move forward as the event falls outside The Homer Fund's time frame of consideration and does not qualify for Homer Fund assistance.*
- Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 16) is required.
- Was associate/dependent injured during the criminal incident?
- Does associate have a police report, restraining order, etc. (please provide w/application)?

If associate is no longer able to reside in their home, where is associate currently living?

Relatives  Friends  Hotel  Shelter  Other location: \_\_\_\_\_

Please tell us anything else that would help us assess this application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Please provide more details on Page 17***

**Document Checklist**

(The following documents are **required upon submission** to The Homer Fund for review)

- Proof of crime (police report, restraining order, etc.)
- Copies of past due bills caused by crime victimization
- Landlord statement for new apartment/rental home stating all monies needed to move-in (in situations where temporary housing is needed.)
- Essential utilities deposit statements (electricity, gas, water)
- Any other documentation relevant to this request

**UNANTICIPATED INCREASE IN FAMILY SIZE**

The Homer Fund may assist with some expenses related to the unanticipated addition of family members due to a recent death, incarceration, drug abuse, physical abuse/neglect or long-term hospitalization of the associate’s child/sibling/parent or custodial parent.

**WHAT’S COVERED (no exceptions)**

- Security deposit to move into new rental home/apartment with sufficient space to accommodate new family members
- Essential utility bills/deposits (electric, natural gas, water, sanitation)
- Furniture/Appliances
- Moving expenses
- Food and clothing

**WHAT’S NOT COVERED**

- Home repair/rebuilding costs/building supplies
- Down payment on purchase of new home
- Auto repairs or replacement
- Non-essential utilities (cable, phone, cell phone)
- Storage expenses
- Legal fees

**GENERAL INFORMATION**

Who are the additional people for which the associate is now responsible?

- Grandchildren: number of children \_\_\_\_\_  Non-custodial children: number of children \_\_\_\_\_
- Other relative: \_\_\_\_\_: number of children \_\_\_\_\_
- Other non-relative: \_\_\_\_\_: number of children \_\_\_\_\_

What situation caused the associate to take custody?

- Death of associate’s child/associate’s sibling/associate’s parent/child’s custodial parent
- Incarceration of associate’s child/associate’s sibling/associate’s parent/child’s custodial parent
- Hospitalization of associate’s child/associate’s sibling/associate’s parent/child’s custodial parent
- Abuse related to associate’s child/associate’s sibling/associate’s parent/child’s custodial parent

**Yes**      **No**

- Did custody occur within the past 9 months? *If no, DO NOT move forward as the event falls outside The Homer Fund’s time frame of consideration and does not qualify for Homer Fund assistance.*
- Does the associate have legal custody of the people noted above?
- Is the associate seeking assistance to move into a new apartment/rental home?  
If so, a landlord statement (page 16) is required.
- Is the associate seeking assistance with clothing or food?

Please tell us anything else that would help us assess this application:

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***Please provide more details on Page 17***

<p><b>Document Checklist</b> (The following documents are <b><u>required upon submission</u></b> to The Homer Fund for review)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Legal custody or proof of guardianship</li> <li><input type="checkbox"/> Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month’s rent, etc.)</li> <li><input type="checkbox"/> Essential utilities deposit statements (electricity, gas, water)</li> <li><input type="checkbox"/> Any other documentation relevant to this request (insurance report, etc.)</li> </ul>
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**HOMER FUND FINANCIAL  
WORKSHEET**

*(REQUIRED for ALL applications)*

Associate Name: \_\_\_\_\_

Associate ID Number: \_\_\_\_\_ Store #: \_\_\_\_\_

The Homer Fund looks at all the 'bits and pieces' of every situation in order to determine eligibility. Seeing an associate's complete financial picture helps us to better understand and appreciate the associate's circumstances. Before receiving a grant, an associate must show the lack of financial resources and/or that he or she can afford their bills going forward.

How many people live in the associate's household (including associate)? \_\_\_\_\_Adult(s) \_\_\_\_\_Child(ren)

Name	Relationship	Age	Monetary Contributor?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Your <b>MONTHLY</b> Household Income:	Normal Monthly Gross Income (Pre-tax)	Current Amount (if different from prev column)
Associate's Monthly Gross (Pre-tax) Pay	\$	\$
Spouse's Monthly Gross (Pre-tax) Pay	\$	\$
Contributions from Other Adults in Household	\$	\$
Child Support and Alimony Received	\$	\$
Disability Insurance	\$	\$
Social Security/Pension	\$	\$
Income from TANF or SNAP	\$	\$
Other Income	\$	\$
<b>Section 1 Total</b>	<b>\$</b>	<b>\$</b>
SECTION 2: Your <b>MONTHLY</b> Debt Payment:	Monthly Debt (full amount)	Monthly Debt (associate's share)
Car Loans ( <i>monthly payments ONLY</i> )	\$	\$
Credit Cards ( <i>monthly payments ONLY</i> )	\$	\$
Medical Bills ( <i>monthly payments ONLY</i> )	\$	\$
Other ( <i>for example: student loans, personal loans, etc.</i> )	\$	\$
<b>Section 2 Total</b>	<b>\$</b>	<b>\$</b>
SECTION 3: Your <b>MONTHLY</b> Living Expenses:	Monthly Living Expenses (full amount)	Monthly Living Expenses (associate's share)
Current or Proposed Rent/Mortgage ( <i>in designated field, provide associate's share if split with other household members</i> )	\$	\$
Utilities ( <i>electricity, natural gas, water/sanitation</i> )	\$	\$
Homeowners association fees or property taxes ( <i>if applicable; monthly payments ONLY</i> )	\$	\$
Food	\$	\$
Prescriptions/medical co-pays	\$	\$
Child Support/Alimony Paid ( <b>DO NOT</b> list if automatically deducted from paycheck)	\$	\$
Other ( <i>for example: cell phone, cable, gasoline, auto insurance, daycare/tuition, clothing, etc.</i> )	\$	\$
<b>Section 3 Total</b>	<b>\$</b>	<b>\$</b>
<b>REMAINING INCOME</b> (add Sections 2 and 3 together and subtract from Section 1)	<b>\$</b>	<b>\$</b>

**NEW LANDLORD STATEMENT**

This form is required for ALL applications requesting assistance with moving into a new apartment/rental home or hotel/motel. Please have your potential landlord or apartment complex complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information

**ASSOCIATE INFORMATION**

Legal Name: \_\_\_\_\_ Associate ID Number: \_\_\_\_\_

If requesting a hotel for temporary shelter, how long will you need the room? \_\_\_\_\_

I certify that I have applied for and been approved to move into the property listed below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Associate's Signature Date

**APARTMENT/LANDLORD INFORMATION**  
(for permanent residence)

Apartment Complex Name or Landlord's Name (please print): \_\_\_\_\_

Apartment/Rental Home Address: \_\_\_\_\_

Apartment Complex or Landlord's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Anticipated move-in date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Names on lease and other residents:**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Apartment</b>                     | <b>Rental House</b>                  |
| <input type="checkbox"/> 1 bedroom   | <input type="checkbox"/> 1 bedroom   |
| <input type="checkbox"/> 2 bedrooms  | <input type="checkbox"/> 2 bedrooms  |
| <input type="checkbox"/> 3 bedrooms  | <input type="checkbox"/> 3 bedrooms  |
| <input type="checkbox"/> 4+ bedrooms | <input type="checkbox"/> 4+ bedrooms |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Amount Needed to Occupy Property:**

\$ \_\_\_\_\_ security deposit  
\$ \_\_\_\_\_ 1<sup>st</sup> month's rent  
\$ \_\_\_\_\_ pet deposits  
\$ \_\_\_\_\_ other deposits (utilities, appliances, etc.)  
\$ \_\_\_\_\_ TOTAL

Has the landlord received the security deposit?  Yes  No

Apartment Complex/Landlord accepts:  3rd party business check  certified check  money order

All checks for security deposit are made payable to the landlord or apartment complex only. Enter the name to which checks should be made payable: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Landlord/Complex Manager's Signature Date

**APARTMENT/LANDLORD/HOTEL INFORMATION**  
(for temporary residence)

Hotel/Motel's Name (please print): \_\_\_\_\_

Hotel/Motel's Address: \_\_\_\_\_

Please Provide Dates for This Temporary Housing \_\_\_\_\_

Daily Rate: \$ \_\_\_\_\_ Weekly Rate: \$ \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Payment will be issued directly to hotel via business check, certified check or money order.

Hotel accepts:  3rd party business check  certified check  money order

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Manager's Name Manager's Signature Date



# ASSOCIATE PERSONAL STATEMENT

Provide details on the events that have led to the request for Homer Fund assistance. Also, be clear about the expenses for which you are seeking help. A transparent picture of the events and the resulting expense(s) will reduce questions and help process your request quicker. Add as many pages as necessary to provide a well-defined summary of the current hardship.

**FOR WHAT EXPENSE(S) ARE YOU SEEKING ASSISTANCE (i.e., past due rent, utilities, funeral expenses, etc.)?**

**Please remember to provide copies of the most current bills.**

**NOTATION BELOW DOES NOT REMOVE THE NEED TO PROVIDE THE COPIES OF THE BILLS.**

EXPENSE TYPE DUE	CREDITOR'S NAME	AMOUNT
<input type="checkbox"/> Past due rent/mortgage		\$
<input type="checkbox"/> Past due gas/propane		\$
<input type="checkbox"/> Electric		\$
<input type="checkbox"/> Water		\$
<input type="checkbox"/> Sewer/sanitation		\$
<input type="checkbox"/> Security deposit		\$
<input type="checkbox"/> HOA		\$
<input type="checkbox"/> Property taxes		\$
<input type="checkbox"/> Medical insurance premium		\$
<input type="checkbox"/> Funeral expenses		\$
<input type="checkbox"/> Emergency travel		\$
<input type="checkbox"/> Major car repair		\$
<input type="checkbox"/> Major home repair		\$
<input type="checkbox"/> Car loan		\$
<input type="checkbox"/> Car insurance		\$
<input type="checkbox"/> Other (explain)		\$

**PROVIDE DETAILS OF THE EVENT(S) LEADING TO YOUR INABILITY TO PAY THE EXPENSE(S) ABOVE?**

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