



# 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:

- 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 9 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
- Email information to Homer\_Fund@homedepot.com, or fax information to (770) 384-2612

### Sponsor's Checklist:

- 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 9 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
- Email information to Homer\_Fund@homedepot.com, or 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:

- COVID-19/Coronavirus
- 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: \_\_\_\_\_

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

Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 **up to 10 business days** to determine the outcome of my request for assistance
- I understand that **missing documentation and incomplete information** will result in the declination of my request
- 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.

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

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

**QUALIFYING EVENT**

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

- Illness (COVID-19/Coronavirus)** (complete pages 4, 5, 9 & 11)
- Unemployment (COVID-19/Coronavirus)** (complete pages 4, 7, 9 & 11)
- Death (COVID-19/Coronavirus)** (complete pages 4, 6, 9 & 11)
- Other COVID-19 Related Event** (complete pages 4, 8, 9 & 11)

**REQUESTED EXPENSES**

Please mark requested expenses related to the qualifying event above:

- |  |   |
|--|---|
| <input type="checkbox"/> Past due rent/mortgage/security deposit | <input type="checkbox"/> Home repairs or modification |
| <input type="checkbox"/> Past due electricity, water or gas      | <input type="checkbox"/> Food                         |
| <input type="checkbox"/> Medical insurance premiums              | <input type="checkbox"/> Clothing                     |
| <input type="checkbox"/> Funeral expenses/emergency travel       | <input type="checkbox"/> Car repairs                  |
| <input type="checkbox"/> Car loan                                | <input type="checkbox"/> Car insurance                |
| <input type="checkbox"/> Emergency travel expenses               | <input type="checkbox"/> Emergency housing/shelter    |

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*): \_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <u>Yes</u>               | <u>No</u>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did this illness a result of COVID-19?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the affected person covered by medical insurance?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the affected person have any medical bills that are not covered by insurance?<br>If so, how much? \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is/was the affected person on a leave of absence due to the illness or injury?<br>If yes, what is/was the start date of the leave and expected return date?<br>Start date ____/____/____ Return or expected date ____/____/____ |
| <input type="checkbox"/> | <input type="checkbox"/> | If the associate is not the ill or injured party, does the affected person live with the associate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the ill/injured person covered by disability insurance?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is/was the affected person receiving disability benefits? If so, how much? \$ _____/week  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the associate applied for disability?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the associate being evicted or foreclosed?   |

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

- Rent/mortgage     Security deposit     Utilities     Medical insurance premiums  
 Home modifications     Food     Other: \_\_\_\_\_

***Please provide more details on Page 11***

**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; proof of LOA
- 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  Rent/Mortgage/Security deposit

Utilities  Car loan/insurance  Food

Yes    No

- Did this death occur as a result of COVID-19?
- 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: \_\_\_\_\_

***Please provide more details on Page 11***

<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"/> Itemized funeral expenses bill/quote</li> <li><input type="checkbox"/> Receipt showing payment of funeral services</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"/> Proof of relationship (i.e.: obituary, birth certificate, etc.)</li> <li><input type="checkbox"/> Any other documentation relevant to this request (medical bills, etc.)</li> </ul>
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**UNEMPLOYMENT (COVID-19 Impact)**

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 as a result of COVID-19/Coronavirus?
- Has the associate applied for unemployment benefits?
- Is the affected person receiving unemployment benefits?  
If so, how much? \$ \_\_\_\_\_
- 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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide more details on Page 11**

<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, news article or other documentation to support loss of job due to COVID-19</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"/> Final paycheck stub which shows business name</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> </ul>
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**OTHER (COVID-19 Impact)**

The Homer Fund understands there may be unforeseen impact from COVID-19. If the existing hardship is not related to the events noted previously in this packet, please provide **SPECIFIC AND DETAILED** information below, using pages 11 & 12 of this packet to further explain (if necessary), explaining how COVID-19 has had a negative financial impact.

GENERAL INFORMATION



**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 <i>(DO NOT list if automatically deducted from paycheck)</i>	\$	\$
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> <i>(add Sections 2 and 3 together and subtract from Section 1)</i>	<b>\$</b>	<b>\$</b>

**Complete ALL Fields to Prevent Declination**

**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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