

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

Document Checklist

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

- Documentation to show proof of the income/assistance and proof that the assistance ended (i.e.: proof of assistance and copy of bank statements)
- Past due notices for rent/mortgage/essential utilities
- Rent/essential utilities deposit statements (if moving into more affordable housing)
- Check here if help is needed with a matching grant as well to cover bills such as (i.e., Phone, internet, medical bills, etc.)

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.):

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

Please provide more details on Page 17

Document Checklist

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

- Legal custody or proof of guardianship
- 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.)

**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 <u>MONTHLY</u> 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	\$	\$
Section 1 Total	\$	\$
SECTION 2: Your <u>MONTHLY</u> 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>)	\$	\$
Section 2 Total	\$	\$
SECTION 3: Your <u>MONTHLY</u> 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 (<u>DO NOT</u> list if automatically deducted from paycheck)	\$	\$
Other (<i>for example: cell phone, cable, gasoline, auto insurance, daycare/tuition, clothing, etc.</i>)	\$	\$
Section 3 Total	\$	\$
REMAINING INCOME (add Sections 2 and 3 together and subtract from Section 1)	\$	\$

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:

- | | |
|--------------------------------------|--------------------------------------|
| Apartment | Rental House |
| <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
- \$_____ 1st 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?
