



Application for Assistance

Instructions

Please complete the entire application and provide supporting documents.

Submit these documents together to People & Culture, who will forward your paperwork to the Make A Difference Foundation for processing.

Documents required:

- This completed application
- Copy of bill(s) for which assistance is requested
- Current bank statements (checking & savings accounts)

Note: Missing or incomplete applications cannot be processed.

Failure to provide necessary documentation or to respond to MADF inquiries within 2 weeks of application submission will result in your application being cancelled.

Application for Assistance

Legal Name: _____

Kimray ID Number: _____

Address: _____

Phone: _____

E-Mail: _____

Name, Relationship & Age of *each* person living in your household:

General Questions

Have you received MADF assistance before? Yes No

If so, when? _____

Have you requested a pay advance from Kimray? Yes No

Are you participating in the Smart Dollar program? Yes No

Have you sought assistance from other local agencies/organizations?

Yes No

If so, please describe: _____

If not, would you like any further information? Yes No

Please describe the circumstances causing need:

What specific bills are you requesting assistance for?

Please provide a summary of your 1) assets, 2) debt, 3) income, and 4) expenses:

1) Assets		
	Value	Outstanding Debt
House 1		
House 2		
Car 1		
Car 2		
Other vehicles: Motorcycle, Boat, etc.		
Checking Account(s)		
Savings Account(s)		
Retirement Plan		
Other:		
Other:		
Other:		

2) Other Debt			
	Total Balance	Min. Payment	Interest Rate
Credit Card 1			
Credit Card 2			
Credit Card 3			
Car loan 1			
Car loan 2			
Other:			
Other:			

3) Monthly Income			
	Applicant	Spouse	Other
Income 1			
Income 2			
Income 3			
Interest Income			
Rental Income			
Bonuses			
Self-Employment			
Disability Income			
Alimony			
Child Support			
Other:			
Other:			
Other:			

Do you have a monthly budget or spending plan? Yes No

Are you able to follow your budget? Yes No

What unique expenses have you incurred, or do you expect to incur, that would make it difficult for you to meet your normal budget?

4) Monthly Expenses			
Category	Budget	Actual Spending	Explanation
Housing			
Mortgage 1			
Mortgage 2			
Home Owners Assoc.			
Property Tax			
Insurance			
Rent/Lease Payments			
Household Items			
Utilities			
Electricity			
Water			
Gas			
Phone			
Cable			
Internet			
Other utilities			
Food & Dining			
Groceries			
Eating Out			
Transportation			
First Car Payment			
Second Car Payment			
Gas			
Car Insurance			
Other:			
Other Categories			

I UNDERSTAND AND AGREE TO THE FOLLOWING:

With my signature I understand and agree that by filling out and submitting this application there is no guarantee of approval.

I represent that all information provided in this application is true and correct and that the information I have supplied may be checked and that any false statement or omission of material facts may result in dismissal of my application.

Under penalties of perjury I certify that the facts and representations set forth in this application or in other documents or representations I provide to MADF are true and correct.

I consent to having a background or reference check by the MADF Coordinator. I consent to the release of all information about me, whether personal, confidential, or otherwise, by my employer and other relevant entities or agencies only to the MADF Coordinator as necessary for the MADF Coordinator to verify that the information I have provided is correct.

I agree to the sharing of information requested on this application with MADF Committee (except the use of my name).

I understand that the decision of the committee will be based on the facts presented on this application as well as the information gathered by the MADF Coordinator, and comparison with other assistance requests/decisions, and the availability of funds.

I will hold MADF, the MADF Coordinator, the MADF Board of Directors, and the MADF Committee members harmless from any claims related to the payment or nonpayment of benefits by MADF.

I also consent to the sharing and disclosure of any pertinent medical information set forth on the application only to the MADF personnel who have a need to know the information in connection with the consideration of this application.

If approved, I give permission to share summary of assistance given (without my name) for the purpose of encouraging other employees to apply and/or donate.

Signature: _____ Date: _____

(My signature means that I have read, understand, and agree with the statements above.)