

10/1/2018

Direct Grant Application Prep Pack

Information necessary to complete a Direct Grant application



Staples Share Fund

Staples Share Fund

Application Check List

Information necessary to complete a Share Fund grant application

This packet provides the information you will need to apply for a Staples Share Fund grant. This packet **IS NOT** the grant application.

This packet provides a check list for Staples associates to use as a guide for completing an application. Associates must complete the following before submitting an application:

- Review enclosed information.
- Complete the New Landlord or Temporary Housing Statement (if applicable).
- Gather supporting documentation relevant to your situation.
- Submit application online at www.StaplesShareFund.org.

Your application will not be considered complete until you have completed all of the above steps.

ELIGIBILITY

The Share Fund will assist when there is an exhibited financial need. It is possible to have a qualifying event AND a qualifying expense, but not meet the eligibility for a Share Fund grant, because you have the financial means to pay the expense you are requesting from Staples Share Fund. As always, you should call a Staples Share Fund team member at (508) 253-9560 with your questions.

QUALIFYING EVENTS AND EXPENSES

Below is a chart listing the basic eligibility for a Staples Share Fund grant. This chart is a very reliable way of determining if your hardship qualifies for a Share Fund grant. It is important to remember that the circumstances below cover the associate, their spouse or domestic partner, or legal dependents ONLY. Parents, grandparents and siblings generally do not fall in this category. If your situation is not in this chart, then you most likely will not be able to receive assistance through the Staples Share Fund.

DOCUMENTATION

The list below shows basic document requirements based on the qualifying event. However, once the application has been received, additional information not included on this list may be required. The Share Fund will inform the applicant via email and phone to request additional information.

Your prompt attention to the request for additional information is appreciated.

Qualifying Event	Qualifying Expense (Caused by Qualifying Event)	Required Documentation
<p>Illness or Injury To assist associates or immediate family member (spouse/domestic partner or dependents ONLY) who have encountered financial hardships for reasons beyond their control (illness, injury) with household expenses or travel expenses to appointments.</p>	<ul style="list-style-type: none"> • Past Due rent or mortgage. • Past Due basic utilities. • Travel expenses to attend appointments. <p><i>Note: Share Fund does not provide funding for medical bills.</i></p>	<ul style="list-style-type: none"> • Medical leave documentation or FMLA¹ form (if applicable). • Doctor’s note documenting dates associate was not able to work. • Itemized medical bill statement to prove illness/injury occurred. • Documentation of time off from work due to medical reasons. • Travel receipts to attend appointments.
<p>Death Available to assist those who have incurred the loss of an associate or immediate family member (spouse/domestic partner, parent or dependents ONLY) if the associate is financially responsible for arrangements. An associate's spouse/domestic partner may apply for assistance in the event of an associate's death.</p>	<ul style="list-style-type: none"> • <u>Essential</u> funeral expenses for deceased family member. • Travel expenses to attend the funeral or to make funeral arrangements. • Past due rent or mortgage. • Past due basic utility bills. 	<ul style="list-style-type: none"> • Itemized funeral invoice or estimate • Proof of the death of relative (death certificate or obituary). • Transportation receipts showing cost and date of travel to funeral or travel to make arrangements. • Copy of past due bills.

¹ PLEASE NOTE that the Staples Share Fund DOES NOT require details on diagnosis. We simply need to know that the associate is unable to work during a particular time frame as a result of their doctor's instruction.

<p>Natural Disaster (hurricane, tornado, flood, ice/wind/snow storm affecting the associate’s primary residence).</p> <p>Associate's primary residence is severely damaged, destroyed or rendered unlivable by a localized natural disaster (fire, flood, tornado, mudslide, etc.) or federally/state declared natural disaster or terrorist attack, or associate is displaced from home and forced to pay for alternative housing.</p>	<ul style="list-style-type: none"> • Uninsured/Underinsured needed repairs to primary residence. • Security deposit to move into a new residence. • Emergency housing (if needed). • Past due rent or mortgage. • Past due basic utilities. • Food. • Necessary items lost due to event. 	<ul style="list-style-type: none"> • Insurance report of damages or current insurance declaration page. • Proof of deductible amount from insurance company. • Insurance decision (i.e., amount awarded by insurance, or denial of coverage). • Itemized contractor quote showing amount needed to make repairs to primary residence. • Fire report from local fire department or other proof of fire. • Statement from community organization assisting associate (i.e. American Red Cross, fire/police department, shelter, etc). • Copy of past due bills or travel expenses.
<p>Unemployment Loss of a spouse’s job or associate’s second job due to a lay-off or company closure within the past 6-months. Staples jobs excluded.</p>	<ul style="list-style-type: none"> • Past Due rent or mortgage. • Past Due basic utilities. 	<ul style="list-style-type: none"> • Copy of the termination letter with date and reason of termination, or • Copy of paperwork form unemployment office, showing date and reason of separation. • Copy of past due bills.
<p>Homeless Associates in need of new housing due to:</p> <ul style="list-style-type: none"> • Rental unit/home condemned or deemed uninhabitable due to unsafe living conditions. • Rental unit/home is foreclosed or sold and associate is forced to find new residence with less than 30 days’ notice. 	<ul style="list-style-type: none"> • Security deposit to move into a new residence. • Past due rent or mortgage (if applicable) 	<ul style="list-style-type: none"> • New Landlord /Temporary Housing Statement. • Inspection report, or other documentation showing how the home is uninhabitable. • Associates requesting assistance as a result of the sale or foreclosure on their RENTED residence are REQUIRED to submit proof of the sale or foreclosure including: <ul style="list-style-type: none"> ○ Foreclosure notice from the landlord or owner of the rented property. ○ Documentation showing the property is for sale. ○ Current lease or proof of address. ○ eviction notice.
<p>Domestic Abuse Associate in unsafe home environment and is need of new housing.</p>	<ul style="list-style-type: none"> • Security deposit to move into new residence. • Temporary housing if needed. 	<ul style="list-style-type: none"> • Police report or restraining order documenting the abuse. • New Landlord /Temporary Housing Statement. • Copy of past due bills.
<p>Military Deployment Associate, immediate family member or spouse/domestic partner who has encountered financial hardships after being deployed.</p>	<ul style="list-style-type: none"> • Rent or mortgage. • Other bills where assistance is needed. 	<ul style="list-style-type: none"> • Copy of deployment orders. • Copy of basic utility bills. • Copy of rent/mortgage statement.

All Applications – Required Documentation

To ensure prompt processing of a Share Fund grant, please gather the appropriate documents before submitting your application. The application is not complete until we have received ALL relevant supporting documentation.

REQUIRED FOR ALL APPLICATIONS:

1. Copies of bills for which associate is seeking assistance, for instance:
 - a. Past due mortgage statement.
 - b. Past due rent letter from landlord or eviction notice.
 - c. Past due basic utilities (electric, gas, water/sewer and garbage).
2. Proof of qualifying event causing the financial need, for instance:
 - a. Doctor's note / Leave documentation.
 - b. Fire/police report.
 - c. Layoff/separation notice.

ORIGINAL documents must be provided wherever available.

Other documentation may be required to complete the application. This list is in no way a comprehensive list of documents required.

NEW LANDLORD or TEMPORARY HOUSING 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

Associate's Name

EMPID:

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

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

Apartment/Rental Home Address:

Apartment Complex or Landlord's Phone Number:

Anticipated move-in date:

Associates Signature:

Date

Apartment/ Landlord Information *(for permanent residence)*

Apartment

Rental House

Names on lease or other residents

1 Bedroom

1 Bedroom

2 Bedroom

2 Bedroom

3 Bedroom

3 Bedroom

4+ Bedroom

4+ Bedroom

Total Amount Needed to Occupy Property

Security Deposit

1st Months Rent

Pet Deposit

Other Deposit

Total

Has the associate been approved to move into this property? Yes
No

Has the apartment complex or landlord received the security deposit? Yes
No

Apartment complex or landlord accepts:

Please make check payable to:

Landlord / complex manager's Name

Landlord / complex manager's signature

Date

Hotel/Motel Information *(for temporary residence)*

Hotel/Motel's Name

Hotel/ Motel's Address

Daily Rate (\$) :

Weekly Rate (\$) :

31- day Rate (\$) :

Hotel accepts (credit card is not an option) :

Hotel / Motel manager's Name

Hotel / Motel manager's signature

Date