

Application for Assistance – Disaster

The **FamilyHOPE** Fund is administered by Foundation For The Carolinas, a non-profit organization that serves donors, communities and a broad range of charitable purposes. A Review Committee of non-Family Dollar members reviews applications and makes grants. When catastrophes affect large numbers of employees, decisions are communicated and grants mailed or deposited in five business days. Submitting a request for funds through **FamilyHOPE** and completion of this application is completely voluntary. The information supplied will be kept confidential and may be reviewed only by individuals involved in administering the **FamilyHOPE** Fund. Decisions regarding applications will be communicated in writing by US mail. **Please read carefully.**

FamilyHOPE Funds are granted to eligible employees suffering from severe financial hardship resulting from a sudden, overwhelming, unexpected event beyond their control. **FamilyHOPE** funds are intended for use by those who do not have other resources to help themselves.

FamilyHOPE Requests up to \$6,000 may be granted for basic living expenses not covered by insurance or help from other organizations including: housing, home repair (for primary residence), food, clothing, transportation. *FamilyHOPE provides assistance with basic necessities to help Associates get back on their feet. It is not intended to repair or replace everything lost or damaged in a catastrophe. In the event of a natural disaster; it does not pay regular house payments and utilities. Instead it helps with expenses caused by the disaster.*

FamilyHOPE Requests must be for expenses that are:

- Incurred on or after September 1, 2006,
- Short-term in nature,
- Able to be resolved with a single grant.

NOTE: Applications must be submitted for review within one year of the occurring event

Requests that will NOT be granted include:

- Needs met by other agencies or programs, including employee benefits
- Legal fees
- Past due credit cards bills or long-standing credit problems
- Expenses associated with divorce settlements for child custody cases
- Lost compensation due to missed time from work
- Insurance premiums
- Items covered by individual insurance policies

Send completed Application for Assistance and supporting documents to: The FamilyHOPE Fund, Foundation For The Carolinas, 217 S. Tryon Street, Charlotte, NC 28202. Fax: 704 973-4948. If you have questions, contact the FamilyHOPE Fund Program Coordinator toll-free at 1-877-FAM-HOPE(326-4673) or in Charlotte at (704) 973-4548. You may also email the application to FamilyHope@fftc.org.

Employee Information

All three statements below must be true to apply for FamilyHOPE assistance. Do not complete the rest of the application if all three statements cannot be checked.

_____ I am an active employee of Family Dollar or an employee on leave with pay, including Short Term Disability (STD) and Paid Time Off (PTO).

_____ I am NOT a contract or temporary employee or a retiree.

_____ I am NOT on unpaid leave or Long Term Disability (LTD).

Last Name: _____ First Name: _____ Middle Initial: _____

Employee ID #: _____

Hire Date: _____ # Hours Scheduled to Work per Week: _____

Job Title: _____ Department: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Email: _____

Manager's Last Name: _____ First Name: _____

Manager's Work Phone: _____ Manager's Email: _____

Employee's Home Address: _____

City: _____ State: _____ Zip: _____

If, because of the catastrophe, you cannot receive mail at your home address please give another mailing address for us to use: _____

Home Telephone: _____ Cell Phone: _____

Home Email: _____

Marital Status: _____ # of dependents claimed on taxes: _____

Dependents' Ages/Relationship to Employee: _____

Have you applied before for FamilyHOPE assistance? ___ If YES, date applied (Mo/Yr): _____

Disaster Situation Beyond Your Control

Catastrophic event, which was sudden, unexpected, overwhelming including, but not limited to, disasters such as hurricanes, floods, fires, tornadoes and earthquakes; and emergencies such as terrorist acts.

Catastrophic event and dates	Financial hardships caused by event, \$ amounts and dates

Financial Information

A. Your annual gross (before deductions) salary or wages	\$	Per year
Typical take home pay amount each paycheck	\$	Per check
B. Your spouse/partners annual gross salary or wages	\$	Per year
Typical take home pay amount each paycheck	\$	Per check
C. Child support income	\$	Per year
D. Social Security income	\$	Per year
E. Disability income	\$	Per year
F. Unemployment income	\$	Per year
G. Alimony	\$	Per year
H. Other income (please describe)	\$	Per year

FamilyHOPE Grant Amount Requested (Required) \$ _____

Please list in itemized detail how the funds will be used. Processing of application will be delayed if request is not itemized.

Amount requested	To be used for

Please attach copies of repair or replacement estimates, as applicable.

Recovery Plan

Per IRS regulations, please show that you have done everything possible to help yourself before turning to FamilyHOPE. *Please spell out the full name of organizations, no abbreviations.*

Action Taken	Results and \$ Amounts	Date
(Check those that apply) <input type="checkbox"/> Homeowner's Insurance <input type="checkbox"/> Renter's Insurance <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Medical Insurance <input type="checkbox"/> Other		
Red Cross (866) 438-4636		
Federal Emergency Mgmt (FEMA)		
Your religious community		
Family members		
Loan Program		
Employee Benefits		
Other		

Authorization

I have done everything possible to help myself before applying for this grant. I certify that the information provided in this grant application is true and correct as of the date set forth below. I authorize Family Dollar Employee Benefits and Payroll to release information to FamilyHOPE regarding this application. My signature acknowledges and permits Foundation For The Carolinas to verify all information. Any intentional misrepresentation of information contained in this application will result in forfeiting this grant application now and in the future.

Signature Required: _____ **Date:** _____