



Grant Application

Overview

The TC*impact* Fund helps employees who are **unable to afford** basic needs due to a disaster or death. The TC*impact* Fund will also assist with relocation if your home is uninhabitable or condemned, or if forced to relocate due to unanticipated sale or foreclosure of a leased property. All current employees of TCi are eligible to apply for grants from the TC*impact* Fund; however, the qualifying circumstance must occur while employed with the company. The maximum amount of each Direct Grant is \$2,500. An employee can receive only one Direct Grant for the same qualifying circumstance, regardless of the amount granted.

Direct Grant Process

Employees should work with their manager to complete the following Direct Grant application process:

1. Determine the employee's eligibility for Direct Grant assistance by **completing the Eligibility Test on Page 2.**
2. If eligible, **complete Page 3-4 of this application and the corresponding page for that associate's circumstance.**
3. **Employee signs the application** as verification that all information is true and correct, and as authorization for the Fund to verify all information and/or to obtain additional information.
4. **Obtain two sponsor signatures.**
5. **Gather all necessary supporting documents and email** the completed application to the Fund to tcimpact@tirecenters.com.
6. **Decisions are usually made within one week (excluding weekends and holidays)**, after the Fund has received a completed application containing all necessary information and supporting documents.
7. If an application is approved, **a check made payable to either the associate or another party** (mortgage or utility company, etc.) is **sent via overnight mail to the manager** for disbursement.



Eligibility Quick Test *(completion required)*

To determine if the associate is eligible for Direct Grant assistance, answer “Yes” or “No” to the following questions:

1. Is the impacted person one of the following?
 - Employee
 - Employee’s spouse
 - Employee’s dependent child(ren) (living in the immediate household)
 - Other qualified dependent (defined as a legal dependent eligible for company-sponsored benefits, or is eligible to claim on tax return and has resided with the employee for 6+ months)

*If the impacted person **is not one of the persons listed above**, your request does not meet the TCi Impact Fund criteria.*

2. Is this a request for assistance with medical bills, insurance payments, or car payments?

*If this **is a request for the above**, your request does not meet the TCi Impact Fund criteria.*

3. Is the employee unable to pay for one or all of the expenses listed below?
 - Housing (must have received a past due notice or needs help to pay security deposit for rental)
 - Utilities (must have received a past due notice for electricity, gas, water, sanitation, homeowners association or property taxes only; needs help to pay deposit to establish essential utilities)
 - Food
 - Clothing
 - Funeral expenses

*If the basic need **is not identified above**, your request does not meet the TCi Impact Fund criteria.*

4. Is the employee’s need for or inability to pay for these expenses (from Question 3) a **direct** result of one or more of the following circumstances?
 - Natural Disaster
 - Fire
 - Death of employee or immediate family member (spouse, minor child or dependent of employee)
 - Uninhabitable/condemned housing due to mold, rodent/insect infestation or code violation
 - Unanticipated sale or foreclosure of leased property

*If the circumstance **is not identified above**, your request does not meet the TCi Impact Fund criteria.*



Basic Information *(must be completed for all direct grant applications)*

EMPLOYEE INFORMATION		
Legal Name:	Employee Title/Position:	
Employee's Manager/Supervisor:	Center or Department #:	Employee #:
Work Address:		
City:	State:	Zip Code:
Work Email Address (if you have one):		
Work Phone Number (if you have one):		
PERSONAL INFORMATION		
Home Address:		
City:	State:	Zip Code:
Home Phone Number:		
Employee Signature:	Date:	
<input type="checkbox"/> If awarded a grant, I give the TCi <i>impact</i> Fund permission to share my story (check if you agree)		
REASON FOR APPLICATION <i>(please mark the reason for application and complete corresponding page)</i>		
<input type="checkbox"/>	Natural Disaster/Fire (i.e., hurricane, flood, earthquake, blizzard, mudslide, etc.) (complete pages 5-6)	
<input type="checkbox"/>	Death (complete pages 7-8)	
<input type="checkbox"/>	Uninhabitable or Condemned Housing (complete pages 9-12)	
<input type="checkbox"/>	Sale or Foreclosure of Leased Property (complete pages 9-12)	
Brief Description:		
Name of victim and relationship to employee:		

All Direct Grant applications **require two sponsor signatures**. This confirms that the employee's circumstance qualifies for a Direct Grant and that the sponsors recommend grant assistance. Applications will not be processed without the proper signatures.

I have completed the Eligibility Test on Page 2 and determined this employee is eligible for Direct Grant assistance. I recommend that the TCimpact Fund provide a grant in the amount set forth below to the employee listed above.

Date: ____/____/____ Recommended amount: \$_____ (**\$2,500 maximum**)

Sponsor #1

Sponsor #2

Signature

Signature

Print Name and Title

Print Name and Title

EMPLOYEE SIGNATURE

I certify by my signature below that the information contained in this application is to the best of my knowledge and belief, true, correct, and complete, and I understand that (1) this application does not create or constitute any right to a distribution of funds or any other relief from the Foundation (2) personal information contained in this application will be used by the Foundation to determine eligibility.

Signature

Date

Print Name

Natural Disaster/Fire

The TC*impact* Fund helps employees who are unable to pay for housing, utilities, food and clothing because of a natural disaster or a fire that has damaged or destroyed his or her primary residence.

What's Covered

- Temporary housing (such as hotel until primary residence is repaired)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electricity, natural gas, water, sanitation, homeowners association and property taxes only)
- Food
- Clothing

What's Not Covered

- Home repair/rebuilding costs/building supplies covered by insurance
- Insurance deductibles
- Down payment on a new home
- Auto repairs or replacement
- Moving expenses/storage expenses
- Furniture/Appliances/Generators/Electronics
- Non-essential utilities (cable, phone, cell phone)
- Any expenses that are covered by insurance (i.e. life, home, etc.), government, or other charitable aid

GENERAL INFORMATION			
Please indicate the type of natural disaster that has impacted the associate:			
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Tornado
<input type="checkbox"/>	Blizzard	<input type="checkbox"/>	Mudslide
<input type="checkbox"/>		<input type="checkbox"/>	Flood
<input type="checkbox"/>		<input type="checkbox"/>	Ice/Windstorm
<input type="checkbox"/>		<input type="checkbox"/>	Hurricane
<input type="checkbox"/>		<input type="checkbox"/>	Earthquake
<input type="checkbox"/>		<input type="checkbox"/>	Tsunami
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee have homeowner or renter's insurance? If the employee has insurance, how much has the insurance company paid to-date? \$_____ USD <u>or</u> Canadian Dollars (please circle one)	
<input type="checkbox"/>	<input type="checkbox"/>	Is the insurance company paying for the employee's immediate needs?	
<input type="checkbox"/>	<input type="checkbox"/>	Can the employee live in his or her primary residence?	
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 12) is required.	
HOUSEHOLD INFORMATION (please list the people who live in the employee's household including the employee)			
Name	Relationship	Age	Monetary Contributor (Y / N)
Where is the employee currently living? ___ with relatives ___ with friends ___ hotel/motel ___ other _____			
With which basic, essential possessions does the employee need help? ___ housing ___ clothing ___ food			
If your primary residence was an apartment/rental home, what is the apartment complex/landlord doing to assist the employee (refunded security deposit/rent, provided another apartment/rental home, discounted rent)?			

Please provide anything additional that will help us evaluate this application (attach a separate sheet as necessary):

Document Checklist *(the following documents are required when sending this application for review)*

- Fire report/police report
- 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, sanitation)
- Any other documentation relevant to this request (insurance report, etc.)

Death

The TC*impact* Fund helps employees who are unable to pay for housing, utilities and food due to the death of the employee or a member of the employee’s immediate family. The TC*impact* Fund may be able to help if the loss of income or the payment of funeral expenses prevents an employee or eligible dependent from paying basic living expenses. The TC*impact* Fund also assists with the funeral expenses for employees or eligible dependents if the employee is unable to afford the funeral. “Eligible dependent” means the employee’s spouse and minor children, or other dependents for whom the employee is 100% financially responsible (dependent eligible for coverage under the employee’s benefits). **Typically parents, grandparents, or other relatives are not considered dependents, unless the employee can show they are 100% financially responsible for that relative at the time of their death.**

What’s Covered

- Funeral expenses – essential costs only (*excludes* benefits for TCi employee or dependent due to life insurance; notices, flowers, acknowledgements, limousines, grave markers, etc. for employee or dependent)
- Rent/basic utilities deposits – if moving into more affordable housing (electric, natural, gas, water, sanitation, homeowners association, property taxes only)
- Transactional needs such as inability to access funds, pay for basic needs, etc.

What’s Not Covered

- Medical bills
- Treatment costs (surgery, chemotherapy, etc.)
- Insurance premiums/co-pays
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Non-essential utilities (cable, phone, cell phone)
- Any expenses that are covered by insurance (i.e. life, home, etc.), government, or other charitable aid

GENERAL INFORMATION		
Who is deceased?		
<input type="checkbox"/>	Employee	<input type="checkbox"/>
<input type="checkbox"/>	Spouse	<input type="checkbox"/>
<input type="checkbox"/>	Child (minor)	<input type="checkbox"/>
<input type="checkbox"/>	Other Dependent	
What was the cause of death?		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did the deceased have insurance to cover payment of the funeral? If so, who is the beneficiary?
<input type="checkbox"/>	<input type="checkbox"/>	Did the deceased work outside the home or have other income?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee being evicted or foreclosed?
<input type="checkbox"/>	<input type="checkbox"/>	Are there any unpaid funeral expenses? If yes, how much? \$ _____

HOUSEHOLD INFORMATION (please list the people who live in the employee's household including the employee)			
Name	Relationship	Age	Monetary Contributor (Y / N)

Please provide anything additional that will help us evaluate this application (attach a separate sheet as necessary):

Please provide the following information for the funeral home/cemetery requiring payment. Please provide a copy of the funeral expense contract with your application.

Name of the Funeral Home/Cemetery:

Funeral Home/Cemetery Mailing Address:

Funeral Home/Cemetery Phone Number:

Document Checklist (the following documents are required when sending this application for review)

- Itemized funeral expenses bill/quote
- Past due notices for rent/mortgage/essential utilities
- Rent/essential utilities deposit statements (if moving into more affordable housing)
- Any other documentation relevant to this request (medical bills, etc.)

Uninhabitable/Condemned Housing or Unanticipated Sale or Foreclosure

The TC*impact* Fund helps employees with relocation if their home is uninhabitable or condemned, kitchen and/or bathrooms are not in working condition, or employee is forced to relocate to due unanticipated sale or foreclosure of a **leased property**.

What's Covered

- Housing (such as hotel until primary residence is repaired)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electric, natural gas, water, sanitation, homeowners association, property taxes only)
- Food
- Clothing

What's Not Covered

- Home repair/rebuilding costs/building supplies covered by insurance
- Insurance deductibles
- Down payment on a new home
- Auto Repairs or replacement
- Moving expenses/storage expenses
- Furniture/Appliances/Generators/Electronics
- Non-essential utilities (cable, phone, cell phone)
- Any expenses that are covered by insurance (i.e. life, home, etc.), government, or other charitable aid

GENERAL INFORMATION		
Place a check mark by the situation applicable to this employee.		
<input type="checkbox"/>	Unanticipated sale/foreclosure of leased property (attach related verification (i.e., notice to evacuate, foreclosure notice)	<input type="checkbox"/>
<input type="checkbox"/>	Uninhabitable/condemned housing (i.e., mold, rodent/insect infestation, code violation)	<input type="checkbox"/>
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the employee have renter's insurance?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, has the insurance company paid the employee?
<input type="checkbox"/>	<input type="checkbox"/>	Can the employee live in his or her primary residence?
<input type="checkbox"/>	<input type="checkbox"/>	Is the employee is seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 12) is required.

HOUSEHOLD INFORMATION (please list the people who live in the employee's household including the employee)			
Name	Relationship	Age	Monetary Contributor (Y / N)
Where is the employee currently living? <input type="checkbox"/> with relatives <input type="checkbox"/> with friends <input type="checkbox"/> hotel/motel <input type="checkbox"/> other _____			
If your primary residence was an apartment/rental home, what is the apartment complex/landlord doing to assist the employee (refunded security deposit/rent, provided another apartment/rental home, discounted rent)?			
Please provide anything additional that will help us evaluate this application (attach a separate sheet as necessary):			

Document Checklist *(the following documents are required when sending this application for review)*

- Fire/police report
- 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)
- Notice to evacuate, foreclosure notice or other verification of any unanticipated sale/foreclosure of leased property
- Any other documentation relevant to this request (insurance report, etc.)

Financial Worksheet *(must be completed by all applicants)*

The TC*impact* Fund Steering Committee conducts a comprehensive review of the contributing factors related to every situation in order to determine eligibility. Seeing an employee’s financial picture helps us to better understand and appreciate the employee’s circumstances. Also, the TC*impact* Fund can provide Direct Grants to help employees move into new apartments or rental houses if they are unable to afford housing because of a natural disaster, illness, injury or death. If appropriate the Fund can make a grant to pay the amount required to move into the apartment or rental house, such as the security deposit and first month’s rent. Before receiving a grant, an employee must show that he or she can afford monthly rent going forward. After review, if requests for Grants are determined to be due to employee negligence, the request could be denied.

Your Monthly Household Income	Monthly Income Prior to Disaster	Monthly Income Following Disaster
Employee’s Gross (Pre-Tax) Pay	\$	
Spouse’s Gross (Pre-Tax) Pay	\$	
Contributions from Other Adults in Household	\$	
Child Support and Alimony	\$	
Disability Insurance	\$	
Social Security/Pension	\$	
Other Income	\$	
Total	\$	
Amount dedicated to rent/mortgage (divide Total Monthly Income by 3)	\$	
Your Monthly Debt Payment	Monthly Debt	
Car Loans		
Credit Cards		
Child Support and Alimony		
Medical Bills		
Other		
Total		
Your Monthly Living Expenses	Monthly Expenses	Indicate reimbursable amount from insurance*
Current/proposed rent (employee’s share if split with other household members)	\$	
Utilities (electricity, natural gas, water/sanitation, homeowners association, property taxes only)	\$	
Food	\$	
Medicine/medical co-pays	\$	
Other (cell phone, cable, etc.)	\$	
Total	\$	

** Please indicate if any of the above amounts are reimbursable by insurance, to the extent you have this information, and include any letters of denial of coverage that you may have received:*

Number of Dependents (excluding recipient):

Age of Dependents:

ADDITIONAL COMMENTS:

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 in your landlord's letterhead with the appropriate information.

EMPLOYEE INFORMATION							
Legal Name:			TCi Employee ID#:				
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.							
_____ <i>Signature</i>				_____ <i>Date</i>			
APARTMENT/LANDLORD INFORMATION (for permanent residence)							
Apartment Complex Name or Landlord's Name (please print):							
Apartment/Rental Home Address:							
Apartment Complex Name or Landlord's Phone Number:							
Anticipated move-in date:							
Apartment (please indicate)			Rental House (please indicate)				
1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4+ Bedroom
Total Amount Needed to Occupy Property:							
Security Deposit			\$				
1 st Month's Rent			\$				
Pet Deposits			\$				
Other Deposits (utilities, appliances, etc.)			\$				
TOTAL			\$				
Has the landlord received the security deposit? (Y/N) _____							
Please make all checks payable to:							
Landlord/Complex Manager's Signature:				Date:			
APARTMENT/LANDLORD/HOTEL INFORMATION (for temporary residence)							
Hotel/Motel's Name (please print):							
Hotel/Motel Address:							
Rate: \$		Weekly Rate: \$		Phone Number:			
Hotel Manager's Signature:				Date:			
Print Name:							