

Applicant Details

Name: _____

Phone #/Email: _____

Communication Preferences: phone - okay to leave a message email
 phone - **not** okay to leave a message text

Home Address: _____

Generations Community Name: _____

 current/former **employee** current/former **resident****Information to the Applicant**

Our Purpose: Generations Family Foundation (GFF) is dedicated to providing short-term, immediate relief to current and former employees and residents of the Generations family of companies and communities who have suffered hardship as a result of natural disaster, family death, medical emergency, or other unexpected crisis or distress that has created a financial need.

Our Limitations: According to our process, charity law, and to be careful stewards of donated funds we are entrusted with, we are unable to assist people who are unfortunate victims of a hardship or emergency, if they are not determined to be in objective need or distress as a result. GFF is unable to provide assistance/funds for use outside of the US.

Confidentiality: GFF takes all care to protect privacy. This application will be treated in a confidential manner.

Primary Assistance Method: Form of assistance will vary according to circumstances. If applicable to the situation, GFF will make every effort to make payment directly to the outside vendor or service provider on behalf of the applicant.

Tax Exempt: If requirements are met, GFF payments or assistance in response to a disaster or emergency hardship are for charitable purposes and will not result in taxable compensation.

Applicant Agreement

Correct and Full Information: You agree that information provided is true, complete, accurate, and not misleading. (False and/or misleading information will result in a denied application now and in future.)

Authorization Given: You authorize GFF to obtain and/or verify information necessary to process this application. In addition, you agree to provide additional supporting documentation and information if requested.

Use of Funds: You agree any amount granted by GFF will be used for purposes requested or indicated. To protect our status as a public charity, you understand any amounts subsequently reimbursed by insurance or other sources will be returned to the GFF.

Applicant Signature: _____ Today's Date: _____

or sent in "on behalf of applicant" **by** (please print): _____

(Office Only) GFF Assigned Tracking #: _____



This Section for GFF Office

GFF Tracking #: _____ Date Received: _____

Applicant's Information

Which category do you think the incident (that caused financial hardship) falls under? (check one)

- Home Catastrophe (fire, flood, other disaster, home evacuation, unsafe living conditions)
Personal or Medical Emergency (sudden/acute illness or injury, critically ill immediate family, non-medical emergencies such as loss due to theft, falling victim to a crime, spouse laid off work, etc)
Death Incident, Funeral, or Emergency Travel (unexpected death in the family, travel expenses for attending funeral or caring for a terminally ill immediate family member)
Military Deployment Hardship (initial need when an employee or spouse is deployed)
Other: _____

Name of Incident: _____ Incident Date: _____

example: type of injury, name of illness, fire, flood, etc

Do circumstances threaten you/family's health and/or welfare? [] yes [] no

How many people live in your household, including you? _____ Number of children: _____

Ages of children: _____

Who has been affected by the situation? _____

Amount/kind of financial assistance requested: _____

Is your request for short-term assistance? [] yes [] no

Do you/affected person have medical or disability insurance? [] yes [] no

If home damage, will insurance cover any part of the cost? [] yes [] no

Your deductible amount? _____

Have you applied for financial assistance from the GFF before? [] yes [] no

If yes, when? _____ Assistance given? _____

How will assistance and/or any funds given be spent? (What vendors/services/utility expenses it would be applied to?)

Please attached bills, invoices, receipts, statements, or support documents.

What will you do if you do not get assistance from GFF?

Describe Your Situation - What happened?