



Hardship Application

SECTION A: APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

Date of birth: ____/____/____ Age: _____ Social Security Number: _____

Are you currently employed? YES NO

If YES, please provide the following information.

Current employer: _____ Job title: _____

If NO, please provide the following information.

Previous employer: _____

Previous job title: _____

Start date: ____/____/____ End date: ____/____/____

Annual household income for previous year: \$_____

Average monthly household income for this year: \$_____

Number of dependents: _____

SECTION B: HARDSHIP INFORMATION

What is the hardship that occurred? _____

When did the hardship occur? _____

How would you use the hardship funds? _____

SECTION C: FAMILY EXPENSES

Family Expenses Monthly Average

- 1. Rent / mortgage payment (include monthly property taxes, insurance, etc.): \$ _____
- 2. Utilities (power, phone, cable, water, etc.): \$ _____
- 3. Car payment(s): \$ _____
- 4. Auto insurance monthly premium: \$ _____
- 5. Out-of-pocket medical expenses (not covered by insurance or workers 'compensation): \$ _____
- 6. Child support payments made to children not residing in applicant's household: \$ _____
- 7. Other monthly expenses (credit cards, loans, etc.)

Expense type: _____ Amount \$ _____

Expense type: _____ Amount \$ _____

Expense type: _____ Amount \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Please explain in detail anticipated future changes in family expenses: _____

SECTION D: ESSAY

In a separate document of 500 words or less, please explain why you should be considered for the Pivot Cares Hardship Grant; include your goals, financial situation, and other relevant factors.

SECTION E: AUTHORIZATION STATEMENT

I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Hardship Applicant

____/____/____
Date

PLEASE READ CAREFULLY:

I hereby apply for a grant from Pivot Cares Organization I understand that grants granted by Pivot Cares Organization are benevolent awards and these are made on the basis of funds available to the Pivot Cares Organization. I further understand that the election of the recipients of Pivot Cares grants is a determination made solely by Pivot Cares and its Board of Directors and that it is totally up to their discretion who shall receive Pivot Cares grant awards, as well as the amounts of any such awards and terms thereof, and that I am in no way legally entitled to any scholarship, award, or grant on the basis of this application. If an award or other payment is granted to me, I am in no way legally entitled to any continuation or renewal thereof. All applications are subject to review by the Board of Directors. I hereby consent Pivot Cares Organization, its agents, employees or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution or other entity. I understand that any intentionally false or misleading information I have submitted on this application will result in immediate rejection, cancellation of award and/or return of expended funds. If grant is awarded, I hereby grant Pivot Cares Organization to use my name and likeness in materials used by the charity for its promotional purposes and its reporting requirements. This includes information to prospective donor groups and individuals to further the mission of the Pivot Cares Organization.

Signature of Hardship Applicant

____/____/____
Date

Please print the names of all persons who assisted in completing this application:

