

Financial Assistance Application

Today's date:

Employee Information

Name :		Current address:	
City:		State:	Zip code:
Primary phone:		E-mail address:	
Number of adults in household, including self:		Number of dependents (under age 19):	
Store phone #		Name of store:	
Supervisor's Name		Last 4-digits of S.S#:	
Hire date		Affiliated organization	

Current Financial Situation

Monthly Net Household Income	
Employee income:	\$
(Monthly income obtained by yourself through your Book Industry job)	
Partner/Spouse work income:	\$
(Monthly income obtained by partner, spouse or other family members in your household)	
Additional income:	\$
(Other monthly income obtained by yourself through one or more additional jobs, alimony, child support, disability, insurance payments, etc.)	
Total monthly net income (after taxes income):	\$
Please provide the name of the bank where you have a checking account?	
Current total checking balance	\$
Current total savings balance	\$
Total credit card debt:	\$
Total past due bills:	\$

Monthly Household Expenses	
Housing:	\$
(Includes mortgage/rent, housing fees, and homeowners or renter's insurance)	
Utilities:	\$
(Includes gas, electric, water, sewer, primary phone, internet; excluding cable & cell phone if not primary phone)	
Food:	\$
(Includes groceries, meals out, snacks and beverages for the entire household)	
Transportation:	\$
(Includes monthly car payment, insurance, gas and/or public transportation costs)	
Medical:	\$
(Includes any regular monthly out-of-pocket medical or dental expenses, over the counter or prescription medication not covered in a household member's paycheck)	
Childcare:	\$
(Includes out-of-pocket expenses for childcare not subsidized for minors/elders in your household during work hours)	

Description of Emergency and/or Hardship

So we can better understand your circumstances, please complete the following questions:

1. What specific life event has precipitated your current short-term financial need, and specifically, when did it occur? (Please refer to the policy and instructions document for a list of typical qualifying life events.)

2. Other resources may be available to you through your employment (Examples include personal and vacation time, medical and dental insurance, disability insurance, employee assistance program and/or a 401(k) loan etc.). **Have you or do you plan to utilize any company benefits to meet your needs?**

Yes **No** **If yes, what company benefits have you used?**

3. What other sources of support are available to you (e.g. family, community resources, insurance, etc.)?

4. Have you or another household member previously requested financial assistance from the Book Industry Charitable Foundation?

Yes **No** **If so, when (month/year)?**

5. How did you hear about the Book Industry Charitable Foundation (manager, other store employees, company communications, fundraisers etc.)?

Acknowledgement

By checking the ‘Yes’ box and/or signing below, I represent and acknowledge that the above information is accurate and true to the best of my knowledge and has been provided in conjunction with my application for charitable assistance to the Book Industry Charitable Foundation.

Signature: _____
(Please sign if you are sending in a hardcopy application)

Yes (for online applications only.)

If you have questions about the financial assistance program, your eligibility or about qualifying life events please refer to the application instructions document. Also, to verify employment and eligibility remember to forward the manager's referral document to your store manager or direct supervisor.