THE T3 FOUNDATION

Emergency Financial Assistance Application

Thank you for your interest in The T3 Foundation Emergency Financial Assistance Program. This program is intended to provide temporary support and is subject to eligibility requirements, funding availability, and approval by The T3 Foundation Board of Directors.

APPLICANT INFORMATION

Name: _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

Primary Phone: (_____) _____

Alternative Phone: (_____) _____

Date of Birth: _____

Requested Assistance Amount: $_____

Desired Date Assistance Is Needed: _____

EMPLOYMENT INFORMATION

Current Employment Status:

☐ Full-Time ☐ Part-Time ☐ Recently Unemployed (within the past 30 days)

Current or Most Recent Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ County: _____

Supervisor/Manager: _____

Employer Phone: _____

Employer Email: _____

Job Title: _____

Date Hired: _____

Average Monthly Income: _____

How did you hear about The T3 Foundation: _____

SERVICE AREA ELIGIBILITY

To qualify for emergency financial assistance, applicants must:

☐ Be employed in the hospitality industry or have recently experienced a hospitality-related loss of employment within the past thirty (30) days due to an unexpected circumstance;

☐ Work within one of the communities currently served by The T3 Foundation;

- New Smyrna Beach
- The Shores (Daytona Beach Shores)
- Ormond Beach
- Jacksonville Beach

☐ Provide proof of employment;

☐ **Have not received emergency financial assistance from The T3 Foundation within the previous twelve (12) months;**

Please provide one or more of the following:

☐ Recent Pay Stub

☐ Employer Verification Letter

☐ W-2 or Recent Payroll Record

☐ Other: _____

TYPE OF EMERGENCY *(Check all that apply.)*

☐ Medical Emergency or Serious Illness

☐ Injury or Accident

☐ Unexpected Loss of Income

☐ Fire, Flood, or Natural Disaster

☐ Domestic Violence

☐ Other Emergency _____

EMERGENCY FINANCIAL HARDSHIP

Please describe the unexpected emergency that created your financial hardship and immediate need for assistance.

Include the following information:

- What happened?
- When did it occur?
- How has it affected your financial situation?
- What assistance are you requesting?
- Have you received assistance from any other organization?

Emergency Hardship Details:

SUPPORTING DOCUMENTATION

Please attach copies of any documents supporting your request. Examples include:

☐ Medical or Dental Bills

☐ Eviction Notice or Rent/Mortgage Statement

☐ Repair Estimate or Insurance Documentation

☐ Employer Documentation

☐ Other Supporting Documents _____

PHONE INTERVIEW REQUIREMENT

As part of the application review process, a member of The T3 Foundation Board of Directors will conduct a brief phone interview to discuss your emergency financial hardship and verify the information provided in this application.

Please provide two (2) dates and times, within forty-eight (48) business hours of submitting this application, when you are available to be contacted by a member of The T3 Foundation Board of Directors.

Preferred Interview Date/Time #1

Date: _____

Time: _____

Preferred Interview Date/Time #2

Date: _____

Time: _____

Important Information

- Applicants will receive an email confirming whether they have met the initial eligibility requirements.
- If eligibility requirements are met, a Board member will contact the applicant using the **first** date and time listed above.
- If the applicant cannot be reached during the first scheduled interview, **one final attempt** will be made using the second date and time provided.
- If the applicant cannot be reached during either scheduled interview time, the application will be denied.
- Except for the required phone interview, **all communication regarding this application will be conducted via email.** Applicants are responsible for monitoring their email, including spam or junk folders.

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge.

I understand that submission of this application does not guarantee approval or financial assistance.

I authorize The T3 Foundation to verify any information contained in this application, including, but not limited to, contacting my employer, requesting additional documentation, and conducting a background check when necessary to verify employment, an emergency financial hardship, residency, or other information relevant to my request.

I understand that knowingly providing false, misleading, or incomplete information may result in denial of assistance, cancellation of an approved award, or repayment of any funds received.

W-9 and Tax Reporting

If this application is approved, I understand that I will be required to complete and sign an IRS Form W-9 before financial assistance can be issued.

For awards of **$600 or more**, The T3 Foundation requires a completed W-9 to comply with its financial recordkeeping obligations and any applicable federal tax reporting requirements.

Any required IRS tax forms will be issued in accordance with applicable federal law. I understand that I am responsible for consulting my own tax advisor regarding any tax consequences associated with financial assistance received from The T3 Foundation.

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions contained in this application.

Applicant Signature: _____

Printed Name: _____

Date: _____