



VERIFICATION OF ADDRESS

Residential Property Address:

Street: _____ City _____ Zip _____ County _____

Your residence must be located in our service areas please provide one of the following as an acceptable form of proof of residency for eligibility verification.

____ Utility Bill ____ Phone ____ Cable bill (Please check one and attach with application)

APPLICANT'S PERSONAL INFORMATION

Name: _____

Email Address: _____

Phone Number: (____) _____

Alternative Phone: (____) _____

Date of Birth: _____

Social Security number: _____

Desired date for assistance: _____

Requested assistance amount: _____

EMPLOYMENT DETAILS

1. Current Employment

Employment Status: Full-Time Part-time Student

Current Employer:

Supervisor's Name: _____

Phone / Email: _____

Job Title: _____

Date Hired: _____ Monthly Income: _____

The Foundation is committed to supporting individuals in the hospitality industry experiencing unexpected financial hardships, thereby strengthening the communities in which we serve.

Please tell us your detailed current financial hardship surrounding the need for assistance.

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed account of their current financial hardship. The box is currently blank.

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ADDITIONAL INFORMATION

1. An application is not a guarantee of approved assistance.
2. All applicants are on a first come first serve basis and will vary on the type of assistance needed.
3. If approved, you will be required to sign a confidentiality agreement.

I declare that the information I have provided is true and correct and contains no misrepresentations. If misrepresentations are found after submission of the application, The T Three Foundation Corp shall have the option to refuse any future assistance request and seek all available remedies.

The Applicant authorizes The T Three Foundation Corp to verify place of residence and current employer. The Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing or may result in the denial of the application.

(Applicant Signature)

For inquiries about the financial assistance program or to submit an application online or via mail please contact The T Three Foundation Corp at:

Email Address: thet3foundationcorp@gmail.com

Mailing Address:

*The T Three Foundation Corp
P.O. Box 653
New Smyrna Beach, Fl. 32170*

Have you previously applied for assistance through the T3 Foundation? Yes ___ No ___

If yes, when? _____

Approved / Denied (circle one)

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