

HEARTS WITH HOPE, INC.

APPLICATION FOR FINANCIAL ASSISTANCE - IMPORTANT APPLICATION GUIDELINES

Hearts with Hope, Inc. is committed to helping Woonsocket High School alumni and/or their immediate families who are experiencing a serious medical condition or catastrophic life event and have demonstrated a genuine financial need.

Because Hearts with Hope, Inc. is a nonprofit organization with limited resources, **financial assistance is intended for individuals and families who can demonstrate a documented financial need.** Completing an application does not guarantee that assistance will be approved.

FINANCIAL DOCUMENTATION IS REQUIRED

ALL APPLICANTS MUST PROVIDE FINANCIAL DOCUMENTATION TO SUPPORT THE INFORMATION REPORTED ON THIS APPLICATION.

Your application **cannot be processed or presented to the Board for consideration without sufficient documentation demonstrating your financial situation and need.**

Documentation may include, but is not limited to:

- Current bank statements for all checking and savings accounts
- Most recent federal and/or state tax return
- Recent pay stubs or other proof of employment income
- Documentation of unemployment, Social Security, disability, pension, or other benefits
- Documentation of child support or spousal support received
- Documentation of other household income
- Mortgage or rental documentation
- Current loan and credit obligations
- Medical bills, medical expenses, or other bills related to the request for assistance
- Insurance statements or explanation of benefits, when applicable
- Documentation of outstanding balances for the expense for which assistance is being requested
- Other financial records requested by Hearts with Hope, Inc.

Providing financial information on the application without supporting documentation may result in the application being considered incomplete and unable to be processed.

Hearts with Hope, Inc. reserves the right to request additional financial documentation at any time during the review process. Failure or refusal to provide requested documentation could result in the application being denied or the review being postponed until the requested information is received.

PROOF OF FINANCIAL NEED

Applicants must provide information and documentation that allows the Board of Directors to understand:

1. The financial circumstances of the applicant and household;
2. The total amount of the financial obligation or expense;
3. What amount the applicant or household is able to contribute toward the expense;
4. Why the applicant is unable to meet the expense without assistance;
5. What other resources or sources of assistance are available to the applicant.

The purpose of this information is not to judge an applicant's financial circumstances, but to ensure that Hearts with Hope funds are directed to individuals who demonstrate a legitimate financial need and to help the Board make fair and responsible decisions regarding limited charitable funds.

OTHER SOURCES OF FINANCIAL ASSISTANCE

Applicants are required to disclose ALL other sources of financial assistance that are available, have been requested, or are being used to help with the expense for which assistance is being requested.

This includes, but is not limited to:

- GoFundMe or other crowdfunding campaigns
- Fundraisers
- Family or friends providing financial assistance
- Employer assistance
- Insurance payments or reimbursements

- Hospital or medical-provider financial assistance
- Government assistance
- Charitable organizations
- Religious organizations
- Community organizations
- Other nonprofit assistance programs
- Scholarships, grants, or other financial awards
- Any other source of financial assistance

Applicants must disclose the **name of the organization or source, the amount requested or received, and whether the assistance is pending, approved, or already received.**

Failure to disclose other sources of financial assistance may result in denial of the application or termination of an assistance award.

USE OF INFORMATION

All information submitted with an application will be reviewed for the purpose of determining eligibility and financial need. Hearts with Hope, Inc. may request additional documentation or clarification when necessary.

The Board of Directors will consider each request individually. Hearts with Hope, Inc. reserves the right to approve, deny, or postpone an application pending additional information. The Board also reserves the right to determine the final amount and method of assistance based upon the demonstrated need, available resources, and circumstances of the request.

APPLICANT CERTIFICATION

By signing the application, I certify that all information provided is true, complete, and accurate to the best of my knowledge. I understand that I am required to disclose my household's financial circumstances and all known sources of assistance related to the request.

I understand that **failure to provide required financial documentation, failure to disclose other sources of financial assistance, or providing false or misleading information may result in denial of my application, termination of any assistance awarded, and/or a request for repayment of funds already provided.**

I understand that Hearts with Hope, Inc. may request additional documentation or information at its discretion and that failure to provide requested information may result in denial of my request.

I understand that submitting an application does not guarantee financial assistance and that all awards are made at the sole discretion of Hearts with Hope, Inc.

Signature: _____

Printed Name: _____

Date: _____