



APPLICATION

Each application must be accompanied by supporting documentation that demonstrates how the hardship has affected the applicant's household finances. A copy of the most recent year's tax return must be included with the application.

Recommended documentation includes the expenses of the applicant, the income available to the applicant, and evidence of insurance. (Please note that you are not required to provide personal information that would prove embarrassing or cause added emotional stress.) Examples of documents include:

- Certification of medical condition
- Death Certificate
- Obituary
- Medical bills
- Insurance claims
- Police reports
- Expense receipt

APPLICANT INFORMATION		Application Request Number	
Name, Last and First	Partner ID	Location	
Street Address, City, State, Zip			
Home Phone	Email	Preferred Contact Method	
APPLICANT REQUEST			
I would like to request \$ _____ in assistance due to an unexpected hardship that occurred on ____/____/____.			
Please provide a brief description of the event that caused the economic hardship: _____			

Have you applied for financial assistance from this fund in the past? <input type="radio"/> Yes <input type="radio"/> No			
If yes, when? ____/____/____ What was the outcome? <input type="radio"/> Approved <input type="radio"/> Declined			
ASSISTANCE REQUESTED			
Vendor	Account #	Address	Balance
I understand that the Partner Assistance Fund will take reasonable measures to protect my privacy. However, I understand that my anonymity cannot be guaranteed.			
I understand that funds may not be available at this time, and that my application does not guarantee approval of funds.			
I have provided supporting documentation and agree to provide additional information that may be requested by the Partner Assistance Fund Board of Directors.			
Applicant Signature: _____		Date: _____	
Committee Comments:			

Please email completed applications and supporting documentation to partnerassistancefund@ecbarton.com.