

HOLY TRINITY GREEK ORTHODOX FOUNDATION OF CHARLOTTE, NORTH CAROLINA

APPLICATION FOR FINANCIAL ASSISTANCE

● **GENERAL:** Because we are a nonprofit organization, we are accountable to our donors. No assistance will be considered unless this Application is completed in full. Each case is evaluated individually based on its merits, documented need, and abilities of those involved. As our resources are limited in amount and scope, we are unable to provide ongoing financial assistance.

● **REQUIRED DOCUMENTATION:** The only documentation required to be submitted with this Application is a copy of your driver's license or identification card. The Foundation, in its discretion, may require you to complete a Financial Form. If you are required to complete a Financial Form, you may be required to submit relevant **documentation** of assets, income, and expenses for verification. The following documentation may be required: recent bank account, financial account, and life insurance statements, recent employment pay stubs (or W-2), government benefit award or denial letter(s), other household income, your lease, mortgage statement, copy of eviction/foreclosure notice, utility bills/shut-off notice, documentation of medical diagnosis, copies of uncovered medical expenses and other medical bills, etc.

● **PRIVACY:** All information provided is confidential and will not be shared with others who are not Board members of the Holy Trinity Greek Orthodox Foundation of Charlotte NC, without your permission. Please note that by signing the application form you give us permission to confirm your membership and community involvement at Holy Trinity Greek Orthodox Cathedral of Charlotte NC with the priest(s) and understand that we reserve the right to confirm the information you provide with the appropriate personnel at other agencies to which you have applied for assistance and other third parties. We are sensitive to your privacy, but we must confirm the facts.

● **PROCEDURE:** Cases are first evaluated by designated members of the Foundation and when in good order are presented, reviewed, and voted upon at a regular Foundation Meeting which generally occurs about once every two to three months.

● **PAYMENT:** Should your application be approved, please note that we do not provide direct cash assistance to the applicant(s). Our policy is to pay the provider directly, such as the landlord, mortgage holder, utility company, medical provider, hospital, funeral home, etc.

General Information

(Please circle the appropriate answer and complete all applicable information. Feel free to supplement your answers with additional pages.)

1. Are you a member in good standing of Holy Trinity Greek Orthodox Cathedral (600 East Blvd.)?

YES NO

2. Please state the activities and/or committees in which you and/or your dependents have participated or served in support of Holy Trinity Greek Orthodox Cathedral.

ACTIVITY/COMMITTEE

YEAR(S)

3. Have you applied for assistance from any charity or governmental agency?

YES NO

If yes, please provide the name, date and disposition: _____

4. Have you been denied assistance by any charity or governmental agency? YES NO

If yes, please give the stated reason: _____

5. Do you have health insurance? YES NO

6. Do you or could you receive monthly assistance from a family member?

YES NO

7. Have you transferred any material asset(s) (including real property) away from yourself for any reason whatsoever within the last ten (10) years? YES NO

If so, please provide details, including the reason why: _____

- 8. How long have you faced this setback? _____
- 9. Have you faced this situation before? If so, when? _____
- 10. How have you managed until now? _____
- 11. How can we best help you? _____
- 12. Do we have your permission to share this information with the priest(s) of Holy Trinity Greek Orthodox Cathedral of Charlotte NC, the appropriate personnel of other agencies as needed, and to contact third parties for the purpose of confirming the information contained in this application?

YES NO

Please provide any other information you deem worthy of our consideration: _____

AFFIRMATION: By signing below, I declare that I have voluntarily completed this form and do also hereby declare it to be true, correct, and complete to the best of my knowledge and belief. I also understand that in making a decision as to an award, if any, the Board of Trustees of the Foundation shall be entitled to rely on the information included on this application and any other representations made by me.

APPLICANT: _____

DATE: _____

SPOUSE: _____

DATE: _____