



GUIDE FOR COMPLETING APPLICATION

PROGRAM OVERVIEW

The Family Hope Employee Relief Fund was established to provide a way for the Family Dollar Team to support fellow team members who are experiencing a financial hardship resulting from a sudden, severe, overwhelming and unexpected event - whether a qualifying disaster or an emergency hardship, which results in an inability to provide basic life necessities.

The applicant must be an active team member of Family Dollar or a team member on leave with pay, including short-term disability and paid time off. Requested expenses must be the result of an event that has occurred after the team member's hire date. Contract, temporary employees, (or Joint Venture employees), team members receiving severance, retirees or those on unpaid leave or Long-term Disability (LTD) are not eligible to apply. *Certain charitable income guidelines apply.*

The Family Hope Employee Relief Fund grant selection process is administered by Foundation For The Carolinas (FFTC). FFTC is a community foundation that administers corporate philanthropic services including disaster and hardship relief grants. Although FFTC is based in North Carolina, eligible Family Dollar team members are able to apply regardless of geographic location. Grant decisions are made in accordance with relevant federal and state laws and regulations and are communicated to applicants by email or phone.

The maximum grant award is \$5,000. Grant amounts vary based upon the nature of the event and related expenses. In most circumstances, if the application is approved, FFTC will make the grant in the form of check(s) payable to the vendor(s) to whom the team member owes payment.

Supporting documents are necessary for evaluating and determining the eligibility of the grant request. Applicants should include all documentation that verifies their inability to pay basic living expenses.

- Most recent pay stub and pay stubs that reflect income prior to event
- Past due bills and or eviction notices
- Police or fire reports
- Death Certificate
- Invoice from funeral home
- Court documents
- Lodging Receipts (In the case of Evacuation)
- Insurance Claims Forms and/or Explanation of Benefits (EOB)
- Repair Estimates on Company Letterhead

A completed application must be submitted in order for the application to be reviewed. Incomplete applications will be held for 30 days after the application has been submitted. After 30 days, the applicant will need to apply by resubmitting a new application and all supporting documents again.

A completed and signed application and supporting documentation (please refer to the list of supporting documents for examples), **including a copy of your most recent pay stub**, may be submitted via one of the following methods:

1. U.S. Mail: Family Hope, 220 North Tryon Street, Charlotte, NC 28202
2. Fax: 704.973.4948
(Please retain your original application along with confirmation page, if applicable. If you do not hear from us within one business day, please call or email to confirm receipt of your application.)
3. Email: FamilyHope@fftc.org

If you have questions, or to confirm receipt of your faxed application, contact the Family Hope Program Coordinator toll-free at 1.877.326.4673 or in Charlotte at 704.973.4548.



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QUALIFYING EVENTS AND EXPENSES

Relief Events and Expenses generally include the following (without limitation), provided that such Relief Event directly affects the team member and his or her immediate family as otherwise required:

Qualifying Events	Qualifying Expenses
<ul style="list-style-type: none"> • Acts of Nature/Non-presidentially declared disaster (e.g. floods, hurricane, tornado, ice storm, wild fires, earthquakes) • Presidentially-declared natural disaster • House fire • Terroristic or military action disaster • Disaster resulting from an accident on a common carrier • Any event determined by the Secretary of the Treasury to be of a catastrophic nature • Domestic abuse • Physical abuse • Violent crime • Non-violent crime • Short-term illness or other short-term medical, dental, vision or hearing condition • Accident (unless caused by the employee's or applicable family member's negligence, recklessness or intent) • Death of the employee, spouse/partner or a dependent • Denied health insurance claim • Spouse/partner loss of job/income (temporary) • Unscheduled loss of child support • Unscheduled loss of alimony 	<ul style="list-style-type: none"> • Food • Clothing • Housing – includes reasonable repairs, property taxes, homeowners dues, mortgage payments, rent, essential appliances and furnishings, security deposits (e.g., for a new apartment if unable to inhabit existing home due to disaster, domestic abuse, etc.), or adaptive improvements related to disaster or hardship (e.g., installation of wheelchair ramp) • Basic, essential household utilities (electric, gas, water, sewer, etc.) • Basic transportation (including car payments or repairs other than routine car maintenance or those repairs that could have been avoided with routine car maintenance; costs of public or commercial transportation, as applicable), to the extent not otherwise specifically excluded • Short-term medical, dental, hearing or vision assistance (including reasonable travel expenses), to the extent not otherwise specifically excluded; short-term assistance generally refers to the treatment of a condition other than a terminal illness, where such condition is expected to be fully treated within six months of diagnosis • Psychological counseling deemed by a physician to be necessary following a disaster or hardship • Reasonable funeral, travel and burial expenses upon the death of employee's spouse/partner or dependents or upon the death of employee (as requested by employee's spouse/partner or dependents) • Reasonable evacuation expenses resulting from a disaster (specific expense categories and amounts to be determined at the time of the applicable disaster) • Reasonable daycare/childcare expenses

Certain charitable income guidelines apply



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NONQUALIFYING EVENTS AND EXPENSES

The following events and expenses/needs of a team member and his or her immediate family that are not generally eligible for a Relief Grant may include the following (without limitation):

Nonqualifying Events	Nonqualifying Expenses
<ul style="list-style-type: none"> • Loss of employee's own income • Scheduled loss of alimony (or otherwise reasonably anticipated) • Long-term illness or other long-term medical, dental, vision or hearing condition (beyond the beginning stages of what is eventually determined to be a terminal illness or other long-term condition) • Elective medical procedures or routine or maintenance medical procedures • Divorce • Child custody dispute • Incarceration • Accident caused by the employee's or applicable family member's negligence, recklessness or intent • Circumstances brought on by accumulated financial distress, long-standing credit problems or other circumstances, for which a typical, single grant would not, in the exclusive discretion of the FFTC Disaster Relief Intake Committee or Disaster Relief Community Committee, as applicable, provide any material assistance 	<ul style="list-style-type: none"> • Legal fees • Lost compensation due to missed time from work • Electronics and non-essential appliances/furnishings • Non-essential household utilities (e.g., internet service, cable/satellite television, telephone, etc.) • Routine car maintenance • Long-term medical expenses, expenses for elective medical procedures or expenses for routine and maintenance medical procedures where such routine or maintenance procedures are not in response to a disaster or hardship; long-term assistance generally refers to the treatment of any terminal illness or any other condition that is not expected to be fully treated within six months of diagnosis; provided, however, that a Relief Grant may be appropriate at the beginning stages of what is eventually determined to be a terminal illness or other long-term condition. • Insurance co-pays, premiums or deductibles or items covered, or to be reimbursed, by insurance • Credit card debt • "Pay day" loans • Private school tuition • Higher education tuition • Employee benefits during waiting periods for coverage • Expenses associated with divorce settlements • Expenses associated with child custody settlements • Funeral, travel and burial expenses upon death of employee's relative outside of spouse, partner or dependents (unless employee can show that he or she had assumed financial responsibility for such person prior to death)



APPLICATION FOR ASSISTANCE

Before completing the Application for Assistance, see if you may qualify!

- 1. I am an Active team member or Team Member on leave with pay. YES NO
- 2. I have a Qualifying Event (and can select it from the list in Section II or III). YES NO
- 3. I have Qualifying Expenses (provided in application guide). YES NO
- 4. My event occurred in the last 12 months. YES NO

If you answered YES to all 4 questions, you may be eligible for assistance. Please complete the application and return to FFTC for further review.

Section I: Team Member Information (Required by all applicants)

Please indicate whether you are applying for disaster or emergency hardship assistance.

- I am applying for Disaster Relief Assistance. *Please skip sections III and IV of this application.*
- I am applying for Emergency Hardship Assistance. *Please skip section II of this application.*

Last Name: _____ First Name: _____ Middle Initial: _____
 Team Member ID: _____ Hire Date: _____ # Hours Scheduled: _____
 Job Title: _____ Department: _____
 Home Address: _____ Rent Own
 City: _____ County: _____ State: _____ ZIP: _____
 Contact Number _____ Email: _____
 If, because of the catastrophe, you cannot receive mail at your home address provide another mailing address below:

 Marital Status? Single Married Divorced/Separated Domestic Partner

Family Members (Spouse and dependents only):	Relationship	Age:	Family Dollar Employee
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you applied for this program before? Yes No If YES, date applied (mm/dd/yy):

Referral Source: Company Intranet Co-Worker Employee Assistance Program Human Resources
 Employee Communication/Publication Manager Other Referral Source

In the space provided, please tell us anything that would help in understanding the circumstances regarding your application.



APPLICATION FOR ASSISTANCE

Section II: Qualifying Event and Expenses (Required for DISASTER applicants, only)

Instructions
 1. Check the type of Qualifying Disaster that has caused a financial hardship.
 2. Provide supporting documents with the application.
 3. Please **Complete Sections II and V through IX** of this application.

Date of the Qualifying Disaster:	Name of Event:
Qualifying Disaster (Please check)	List of Qualifying Expenses
<input type="checkbox"/> Acts of Nature/Non-presidentially Declared Disaster (e.g. floods, hurricane, tornado, ice storm, wild fires, earthquakes) <input type="checkbox"/> Presidentially-declared natural disaster <input type="checkbox"/> House Fire <input type="checkbox"/> Terroristic or military action disaster <input type="checkbox"/> Disaster resulting from an accident on a common carrier <input type="checkbox"/> Any event determined by the Secretary of the Treasury to be of a catastrophic nature	<ul style="list-style-type: none"> • Food • Clothing • Evacuation Expenses • Transportation (Vehicle repairs, assistance for replacement, etc.) • Basic, essential household utilities (electric, gas, water, sewer, etc.) • Psychological Counseling • Funeral/Burial Expenses • Medical Expenses • Home Repairs/ Essential Appliances and Furnishings • Daycare/childcare expenses

Area of Home or Items Damaged or Destroyed (Primary residence only)	Qualifying Expense (Please choose from the list above)	Estimated Value Prior to Event	Amount Requested
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total \$

Insurance

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does the team member have insurance coverage to assist with the requested expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Is the insurance company paying for the team member's immediate needs?
<input type="checkbox"/>	<input type="checkbox"/>	Will insurance reimburse the team member for any out-of-pocket basic living expenses?
<input type="checkbox"/>	<input type="checkbox"/>	Was the team member evacuated from his or her primary residence?



Section III: Qualifying Event and Expenses (Required for HARDSHIP applicants, only)		
Instructions		
1. Check the type of Hardship Event. 2. Complete Sections III through IX. 3. Provide supporting documents with the application.		
Date of the Emergency Hardship:		
Emergency Hardship (Please check)		List of Qualifying Expenses
<input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Violent/Non-violent Crime <input type="checkbox"/> Short-term illness <input type="checkbox"/> Accident <input type="checkbox"/> Death of the employee, spouse/partner or dependent <input type="checkbox"/> Denied health insurance claim <input type="checkbox"/> Spouse/partner loss of job/income (temporary) <input type="checkbox"/> Unscheduled loss of child support <input type="checkbox"/> Unscheduled loss of alimony		<ul style="list-style-type: none"> • Food, Clothing (Domestic Abuse only) • Evacuation Expenses • Transportation (car payments, assistance with replacement, etc.) • Mortgage payments, rent • Security deposits for new property (only if unable to inhabit existing home due to hardship event) • Basic, essential household utilities • Short-term medical, dental, hearing or vision assistance (including reasonable travel expenses) • Psychological counseling • Funeral, travel and burial expenses • Daycare/childcare expenses
Qualifying Expense (Please choose from the list above)	Balance Due Prior to Event	Amount Requested
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total		\$

Section IV: Monthly Expenses (Required for HARDSHIP applicants Only)				
Please list all current monthly expenses and debts. If you are renting from a private landlord, you may be required to provide proof of rental payments.				
Monthly Expenses	Monthly Payment	Months Past Due	Total Balance Due	Name of Creditor
Rent/Mortgage	\$		\$	
Electricity	\$		\$	
Gas/Oil for Home	\$		\$	
Water	\$		\$	
Sewer/Trash	\$		\$	
Food	\$		\$	
Transportation/Car Payment	\$		\$	
Car Insurance	\$		\$	
Car Fuel/Gas	\$		\$	
Medical Expenses	\$		\$	
Childcare/School Tuition	\$		\$	
Cell Phone	\$		\$	
Cable, Internet, Telephone	\$		\$	
Other:	\$		\$	
Other:	\$		\$	
Other:	\$		\$	
Total	\$		\$	



Section V: Personal Income (Required by all applicants)

Please attach copies of most recent pay stubs for each wage earner. (For the Family Dollar team member, please print your most recent pay stub and attach.)

Your annual gross salary or wages (before deductions)	\$	Prior to Qualifying Event or Hardship	After Qualifying Event or Hardship
Your spouse/partners annual gross salary or wages (before deductions)	\$		
A. Your average monthly net (after deductions)	\$	\$	\$
B. Spouse/Partner's average monthly net (after deductions)	\$	\$	\$
C. Child support income per month	\$	\$	\$
D. Social Security income per month (self and/or spouse/partner)	\$	\$	\$
E. Disability income per month (self or spouse/partner)	\$	\$	\$
F. Unemployment income per month (self or spouse/partner)	\$	\$	\$
G. Alimony per month	\$	\$	\$
H. Other income received monthly (please list):	\$	\$	\$
Total Monthly Income (Items A-H)	\$	\$	\$

Section VI: Short Term Disability (Required only if related to event)

If you or your spouse/domestic partner are currently or have been on Short Term Disability (STD) related to this catastrophe, please complete the following:

STD Start Date: _____ STD End Date: _____ Date STD went to 65%: _____
 Total take home pay at 100% \$ _____ Total take home pay at 65% \$ _____

Section VII: Other Financial Assistance (Required by all applicants)

Applicants must demonstrate that they have exhausted all other financial resources to meet their immediate needs prior to applying for Family Hope assistance. Please list details of financial assistance applied for and received.

Sought Assistance (Check those that apply)	Results	Date	Amounts
<input type="checkbox"/> Homeowner's or Renter's Insurance			\$
<input type="checkbox"/> Auto, Medical or other Insurance			\$
<input type="checkbox"/> Social Service Organization e.g. Red Cross, Salvation Army, Goodwill			\$
<input type="checkbox"/> Federal Emergency Mgmt (FEMA)			\$
<input type="checkbox"/> Family Members/ Religious Community			\$
<input type="checkbox"/> Loan Program			\$
<input type="checkbox"/> Employee Benefits			\$
<input type="checkbox"/> Other:			\$
Total			\$



Section VIII: Vendor/Creditor Payments

In most cases, if the application for assistance is approved, Foundation For The Carolinas will make grant payments in the form of a check payable to the vendors to whom the team member owes payment(s). Please provide a list of the vendor(s) who are to receive payment resulting from the approval of this request. Attach appropriate documentation, e.g. bills, eviction notices, invoices, estimates, etc. If you are renting from a private landlord, you may be required to provide proof of rental payments. Please disclose if you are related to the vendor.

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Creditor/Vendor's Name	
Creditor/Vendor's Address	
Creditor/Vendor's Phone Number/Email/Website Address	
Applicant's Account Number	
Relationship to Creditor/Vendor	

Section IX: Agreement and Authorization

I have done everything possible to help myself before applying for this grant. I certify that the information provided in this grant application and any attachments to it is true and correct as of the date set forth below. I authorize Family Dollar Team Member Benefits and Payroll to release information to FFTC regarding this application. My signature acknowledges and permits Foundation For The Carolinas to verify all information. This includes making appropriate contacts and disclosures with my creditors and others referenced in this application to ensure that reported information is accurate. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application now and in the future and debarment from future Family Hope grants. I also understand that any such action by me constitutes fraud, which may be reported to Family Dollar and for which I may be liable via civil or criminal action.

Signature Required: _____ **Date:** _____

If you receive a grant, would you be willing to be contacted by a Family Dollar representative to share your story/experience? Yes No