



Matching Grant Pre-Approval Disclosure Form

Associate Information

Full Name: _____ Date: ____ / ____ / ____
First M.I. Last

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Contact Phone: (____) _____ Email _____

Associate ID #: _____ Home Depot store/location: _____

Store Contact Information (to be completed by ASDS, manager or above)

PRINT Name of ASDS, HRG or Manager Submitting Request: _____ Job Title: _____

Is this the first Matching Grant request for the situation causing the financial need?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	UNSURE <input type="checkbox"/>	Have you reviewed the Direct Grant criteria to confirm the associate's need does not meet the Direct Grant criteria?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Do you have proof of the expense(s) for which matching funds are requested? Attach to this form.	YES <input type="checkbox"/>	NO <input type="checkbox"/>		UNAVAIL <input type="checkbox"/>	This Matching Grant was requested by:

Financial Snapshot (to be completed by associate)

List each member of the household and their status as far as a financial contributor to the household.

Name of Household Member	Relationship to Associate	Age	Monetary Contributor?
	Associate		<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

Monthly Income		Monthly Expenses	
Household Salary	\$	Rent/mortgage	\$
TANF (state cash assistance)	\$	Utilities	\$
SNAP (food stamps)	\$	Car loan	\$
Section 8	\$	Food	\$
Child Support	\$	Cell phone	\$
Social Security, pension, disability insurance	\$	Gasoline/mass transit	\$
Other Income	\$	Other (gasoline, auto insurance, daycare/tuition, cell phone, etc)	\$



2455 Paces Ferry Rd
 Building C-17
 Atlanta, GA 30339
 (770) 384-2611 (phone)
 (770) 384-2612 (fax)

Fax Coversheet for
 Matching Grant

If you are an associate in need, provide your pre-approval disclosure form and this coversheet to an authorized sponsor (ASDS, manager or above) for submission to The Homer Fund. **THIS FAX WILL ONLY BE PROCESSED WITH THE ELECTRONIC PRE-APPROVAL REQUEST SUBMITTED BY AN AUTHORIZED SPONSOR.**

If you are an authorized sponsor (ASDS, manager or above), log into your personal Homer Fund account to complete the online pre-approval request **BEFORE** faxing these documents.

<input type="checkbox"/> Kathy Kendall , Southern Division Matching Grants To: <input type="checkbox"/> Deanna Julian , Northern Division Matching Grants <input type="checkbox"/> Alfred Anderson , Western Division, Atlanta SSC & HD subsidiaries Matching Grants		<input type="checkbox"/> Cheryl King <input type="checkbox"/> Sharon T. Robinson <input type="checkbox"/> Unknown	
Sender's Name and Title: _____		Sender's Contact Phone: (____)____-____	
Date Faxed: ____/____/20____		Homer Fund Phone: (770) 384-2611	
Name of Applicant or Grant Application ID #: _____		Total Pages Sent (including fax coversheet): _____	
Fax Includes: <input type="checkbox"/> Disclosure Form (<i>REQUIRED for every request</i>) <input type="checkbox"/> Proof of expenses <input type="checkbox"/> OTHER (<i>provide list in section below</i>)			

Additional Information (if needed):
