

# THE HOMER FUND MATCHING GRANT PRE-APPROVAL PACKET



*This packet contains relevant forms and information **REQUIRED** to accompany the electronic application for a Matching Grant.*

## Applicant's Checklist:

- ☐ Determine preliminary eligibility by taking the quick-test online at [THDHomerFund.org/eqt](https://THDHomerFund.org/eqt)
- ☐ If eligible for a Direct Grant, **do not** move forward with this packet
  - Complete the Direct Grant Prep Pack and follow the instructions provided
  - If eligible for a Matching Grant, complete this packet in its entirety
- ☐ Gather supporting documentation relevant to your situation
  - Current copies of the bills for which you seek Homer Fund assistance is **REQUIRED**
  - \$2-for-\$1 match is not guaranteed; determined by need and amount collected
  - **Incomplete applications will be declined**
- ☐ Partner with your ASDS, HR partner, or any manager or above to formally apply
  - Sponsors must complete the **electronic application** and submit the Matching Grant Pre-approval Packet and other supporting documentation to The Homer Fund
  - ***Applicants cannot access the application without the ASDS, HR partner or manager***
- ☐ Questions? Call The Homer Fund at (770) 384-2611 or email to [Homer\\_Fund@homedepot.com](mailto:Homer_Fund@homedepot.com)

## Sponsor's Checklist:

- ☐ Ensure you have full clarity of the applicant's hardship before agreeing to act as a sponsor
  - As a sponsor, you agree that, to the best of your knowledge, the applicant's request meets the criteria for a Matching Grant
  - Be prepared to act as a liaison between the applicant and The Homer Fund, if necessary
- ☐ Collect this packet and all supporting documentation relevant to the applicant's situation
  - Current copies of bills is required
  - \$2-for-\$1 match is not guaranteed; determined by need and amount collected
  - ***Incomplete applications will be declined***
- ☐ Log into your Homer Fund personal account to complete the appropriate electronic application
  - ***Applicants cannot access the application without your help***, so please act with a sense of urgency
  - If you do not have a personal account, please contact The Homer Fund to set up your account
- ☐ Upload documents in the form of a PDF or legible picture with submission of electronic application
- ☐ Questions? Call The Homer Fund at (770) 384-2611 or email to [Homer\\_Fund@homedepot.com](mailto:Homer_Fund@homedepot.com)

**THIS PACKET IS NOT THE MATCHING GRANT APPLICATION.  
THIS PACKET IS SUPPORTING DOCUMENTATION ONLY.**

# Matching Grant Pre-Approval Form

## IMPORTANT INFORMATION FOR APPLICANT

- Applicants must complete this form in its entirety; unanswered questions will lead to delays in processing
- Applicants and sponsors must follow the steps provided on the checklist to prevent delays in processing
- A review of this request will take place within 2 business days from receipt of the application and documentation
- If approved for a collection, please allow your management team time to collect funds (typically 2-week minimum)
- Collection times vary so stay in communication with your sponsors to ensure they are aware of any imminent deadlines you may have
- If approved, Matching Grants offer a potential \$2-for-\$1 match up to \$5,000, but actual amount of the Homer Fund grant will be based on the amount collected, documents provided and the actual amount needed to support the hardship. For instance, if you need \$500 and your coworkers collect \$350, the match from The Homer Fund will be \$150 to meet the \$500 need
- Checks issued by The Homer Fund will be made payable to the creditor or vendor whenever possible

## SECTION 1: Associate Information

Home Depot store/location #: \_\_\_\_\_ Associate ID #: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street Address (this address will be used to ship grant payments) Apartment/Unit #

City State ZIP Code  
Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ May we communicate with you via text : ☐ Yes ☐ No

Email: \_\_\_\_\_ Job Title: \_\_\_\_\_

Full-time or Part-time Associate? Hourly or Salaried Associate? Date of Hire  
☐ FT ☐ PT ☐ Hourly ☐ Salaried \_\_\_\_\_

## SECTION 2: Associate Acknowledgment and Signature

- ☐ I, as an associate in need, understand this packet **IS NOT** the application and I must partner with my manager or HR representative to initiate a Homer Fund application.
- ☐ I, as an associate in need, understand completion of this form is not a guarantee of approval.
- ☐ I, as an associate in need, understand my failure to provide information requested within this packet will result in extensive delays in processing this request, or may result in a declination of this request.
- ☐ I, as an associate in need, certify that the information provided for my application is accurate.
- ☐ I, as an associate in need, understand that providing misleading statements and false documentation violate Home Depot's Code of Conduct and is subject to disciplinary actions.

Associate  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the associate in need is PHYSICALLY UNABLE to initiate a request, members of management should partner with a family member to apply. All Homer Fund requests require the involvement of the associate or family member to facilitate the application process.**

# Matching Grant Pre-Approval Form

## SECTION 3: Sponsor Questionnaire (to be completed by ASDS, manager or above)

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 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? <b>Requests will be declined without documentation. Attach to this form.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		This Matching Grant was requested by:	ASSOCIATE <input type="checkbox"/>	FAMILY <input type="checkbox"/>

## SECTION 4: Financial Snapshot (to be completed by associate)

**ALL fields are required. Requests with incomplete fields will be declined upon receipt.**

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
			<input type="checkbox"/> Yes <input type="checkbox"/> No

  

Monthly Income		Monthly Expenses	
Salary (Home Depot)	\$	Rent/mortgage	\$
Salary (Add'l job, job of other household members)	\$	Utilities	\$
TANF (state cash assistance)	\$	Car loan	\$
SNAP (food stamps)	\$	Student or personal loan	\$
Section 8	\$	Food	\$
Child Support	\$	Cell phone	\$
Social Security, pension	\$	Gasoline/Uber/Lyft/mass transit	\$
Disability income	\$	Daycare or school tuition	\$
Other Income	\$	Other (auto insurance, etc)	\$

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# Matching Grant Pre-Approval Form

## SECTION 5: Reason for Request (REQUIRED)

**PLEASE SELECT THE EXPENSES BELOW FOR WHICH YOU ARE REQUESTING HOMER FUND ASSISTANCE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Rent or mortgage   | <input type="checkbox"/> Electricity, water or natural gas              |
| <input type="checkbox"/> Car loan or car insurance  | <input type="checkbox"/> Property taxes                                 |
| <input type="checkbox"/> Security deposit to relocate   | <input type="checkbox"/> Funeral expenses/emergency travel              |
| <input type="checkbox"/> Home repairs or ADA modifications                                    | <input type="checkbox"/> Food   |
| <input type="checkbox"/> Car repairs <small>(unrelated to routine maintenance)</small>        | <input type="checkbox"/> Clothing                                       |
| <input type="checkbox"/> Medical insurance premiums to maintain medical coverage while on LOA | <input type="checkbox"/> Medical bills to physician or medical facility |
| <input type="checkbox"/> Other (specify expense here): _____                                  |   |

**SELECT THE EVENT FROM THE LIST BELOW WHICH HAS CONTRIBUTED TO YOUR INABILITY TO ADDRESS THE EXPENSES NOTED ABOVE.**

- ☐ **ILLNESS/INJURY** of the associate, their legal spouse (marriage certificate required), minor child or legal dependent (filed on associate's tax return)
- ☐ **ILLNESS/INJURY** of others not listed above (specify relationship): \_\_\_\_\_
- ☐ **DEATH** of the associate, their legal spouse (marriage certificate required), minor child or legal dependent (filed on associate's tax return)
- ☐ **DEATH** of others not listed above (specify relationship)<sup>1</sup>: \_\_\_\_\_
- ☐ **CAR REPAIRS** for car owned by the associate, their legal spouse (marriage certificate required)<sup>2</sup>
- ☐ **CAR REPAIRS** for car owned by someone other than the associate or their legal spouse (specify owner of car here: \_\_\_\_\_)<sup>2</sup>
- ☐ **HOME REPAIRS** for a home you rent<sup>2</sup>
- ☐ **HOME REPAIRS** for a home you own (proof of ownership required; e.g., mortgage statement, home deed)<sup>2</sup>
- ☐ **UNEMPLOYMENT** of the associate or legal spouse (marriage certificate required)
- ☐ **UNEMPLOYMENT** of others not listed in previous question (specify relationship): \_\_\_\_\_
- ☐ **SALE OR FORECLOSURE** of a property you rent (proof of sale or foreclosure required)
- ☐ **SALE OR FORECLOSURE** of a property you own (proof of sale or foreclosure required)
- ☐ **UNANTICIPATED INCREASE IN FAMILY SIZE** (e.g., sudden guardianship of minor child; provide details on next page)
- ☐ **LOSS OF GOV'T SUBSIDY or CHILD SUPPORT** (e.g., SNAP, TANF, SSI or child support; provide details on next page)
- ☐ **DIVORCE or SEPARATION** from spouse or partner
- ☐ **CRIME** (police report required)
- ☐ **NATURAL DISASTER** (property is ☐ owned or ☐ rented)
- ☐ **HOUSE FIRE** (property is ☐ owned or ☐ rented)
- ☐ **OTHER** (provide details on next page to ensure clear understanding of your situation)

<sup>1</sup>The Homer Fund may consider immediate family members (parent, sibling, grandparents only)

<sup>2</sup>The Homer Fund does not address expenses related to routine maintenance of your home or vehicle

# Matching Grant Pre-Approval Form

ARE THERE OTHER UNANTICIPATED EXPENSES WHICH WERE NOT LISTED IN THE PREVIOUS QUESTION, BUT HAVE CONTRIBUTED TO YOUR FINANCIAL HARDSHIP? ☐ YES ☐ NO

**If so, please describe the additional unanticipated expenses and their financial impact below:**

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**EXCLUDING HOMER FUND, HAVE YOU SOUGHT ASSISTANCE THROUGH OTHER RESOURCES?** ☐ YES ☐ NO

**PLEASE SELECT ANY OTHER RESOURCES YOU HAVE PURSUED TO RESOLVE THE ISSUE PREVIOUSLY DESCRIBED.**

- ☐ Community resources (e.g., United Way) ☐ Secured a bank loan
- ☐ Borrowed from family/friends ☐ Other options (describe in the next section)

**TO ENSURE THE HOMER FUND TEAM UNDERSTANDS YOUR HARDSHIP, AND TO MINIMIZE THE POSSIBILITY OF DECLINATION, PLEASE PROVIDE A DETAILED EXPLANATION OF THE EVENTS LEADING THIS REQUEST FOR ASSISTANCE FROM THE HOMER FUND. USE A SEPARATE SHEET, IN NECESSARY.**

This is an application

# Matching Grant Pre-Approval Form

## SECTION 7 : Expense Detail

Please list, in order of urgency, the expenses for which you seek Homer Fund assistance.

NOTE: checks will be made payable to the creditor.

Creditor Name	Amount Owed	Current Bill Provided?	Expense Already Paid?
1.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF EXPENSES HAVE BEEN PAID AT THE TIME OF THIS REQUEST, PLEASE PROVIDE A DETAILED EXPLANATION CLARIFYING HOW THE PAYMENTS WERE MADE (i.e., method of payment) AND THE FINANCIAL IMPACT ON THE ASSOCIATE.

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Applicants are reminded to take an active role in the application process. It is the only way to quickly move through the process and obtain a quick decision on the request.

- Provide ALL documentation with the initial submission of your grant request
- Ensure all information within this Matching Grant Packet is clear and supports your need
- Provide a valid email address as this is the most common method of communication with The Homer Fund
- Be available to answer questions quickly to maintain progress in the review stage
- While partnership with your management team is a necessity at the beginning of the application stage, you may speak directly with a Homer Fund team member at any time by calling (770) 384-2611. You may also email documents to Homer\_Fund@homedepot.com