



THE HOMER FUND

DIRECT GRANT PREP PACK

(HURRICANE IAN 2022)

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

*This packet **IS NOT** the Direct Grant application; partner with your manager to apply.*

Applicant's Checklist:

- ☐ Determine preliminary eligibility by taking the quick-test online at THDHomerFund.org/eqt
- ☐ If eligible for a Direct Grant, complete page 4 of this Direct Grant Prep Pack and the corresponding pages for the applicant's qualifying event
 - Applicant's signature is required as verification that all provided information is true and correct, and as authorization for the Fund to verify all information
- ☐ Gather supporting documentation relevant to your situation (refer to the Documents Checklist on each of the following pages)
 - Pages 4 and 6 of the Prep Pack are **REQUIRED**
 - Current copies of bills for which you are requesting assistance is required
- ☐ Partner with your ASDS, HR partner, or any manager or above to formally apply
 - Sponsors must complete the **electronic application** and submit the Direct Grant Prep Pack and other supporting documentation to The Homer Fund
Applicants cannot access the application without the ASDS, HR partner or manager
- ☐ Questions? E-mail to Homer_Fund@homedepot.com or call The Homer Fund at (770) 384-2611
- ☐ Fax information to (770) 384-2612

Sponsor's Checklist:

- ☐ Determine preliminary eligibility by providing the applicant with access to the quick-test online at THDHomerFund.org/eqt
- ☐ 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 Direct 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 (refer to the Documents Checklist on each of the following pages)
 - Pages 4 and 6 of the Prep Pack are **REQUIRED**
 - Current copies of bills are required
- ☐ 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
- ☐ Questions? E-mail to Homer_Fund@homedepot.com or call The Homer Fund at (770) 384-2611
- ☐ Fax information to (770) 384-2612

HELPFUL FAQs AND TIPS

The Homer Fund is a 501(c)3 non-profit charity that offers emergency financial assistance to Home Depot associates who are unable to pay for specific expenses related to an unforeseen event

1. What is a qualifying, or triggering event?

A qualifying event, as defined by The Homer Fund, is a recent and unanticipated event that has caused a financial hardship. Qualifying events must have occurred within the last nine months. Specifically, the Direct Grant considers a short but impactful list of qualifying events listed below:

- **Natural disaster** or house fire
- Illness or injury
- Death
- Unforeseen sale/foreclosure of a home where the associate is the renter
- Involuntary unemployment due to a layoff, position elimination, company closure/downsize
- Major car repairs, such as transmission or engine repair/replacement (up to \$1,500)
- Major home repairs that present unsafe living conditions or make the home structurally unsafe (i.e., roof repair, major plumbing repairs)
- Crime – must be a victim of a specific type of crime, such as robbery, burglary, identity theft, etc. (crimes committed by the associate/qualifying family are excluded from consideration; legal fees are excluded from consideration)
- Loss of specific types of household income (i.e., government subsidy, court-ordered child support)

**Qualifying applications must have both a qualifying event AND a qualifying expense; one without the other typically results in a decline*

2. What is a qualifying expense?

The Direct Grant primarily addresses basic living expenses for which the applicant is unable to pay:

- Past due rent/mortgage
- Past due basic utilities (gas, water and electricity ONLY)
- Security deposits to establish a new residence
- Food and clothing
- Major car repairs for transmissions, engines, catalytic converters, radiators, timing belts, water pumps (up to \$1,500)
- Past due car loan/insurance
- Major home repairs or homeowners insurance deductible

The Direct Grant may also address some essential expenses related to the death of a loved one:

- Essential funeral expenses
- Emergency travel expenses

3. Who is included as a qualifying family member?

- Associate's legal spouse (marriage certificate may be requested)
- Associate's legal dependent (recent tax return listing person as a dependent may be requested)
- Associate's parent, sibling or adult child (relevant to the death category ONLY; proof of relation will be requested)

4. How often can I apply for a Direct Grant?

Because a Direct Grant addresses an abnormal and unforeseen event causing a hardship, Direct Grants are a one-time grant. It is unlikely that more than one Direct Grant for the same situation will be issued. However, an associate could potentially receive multiple Direct Grants for different situations. For instance, an associate may receive a Direct Grant in January due to the loss of their home in a fire. This same associate might receive another Direct Grant in June of the same year because their spouse

became ill and the associate had to take time from work to care for the spouse. If the spouse's illness leads to their death in November of that same year, yet another Direct Grant could be appropriate.

5. What happens after I submit my application to The Homer Fund?

Once you have gathered your supporting documents and completed the Direct Grant Prep Pack, you will meet with your ASDS, HR partner or manager (also known as a sponsor) to apply. Your “sponsor” must complete the electronic application online and submit your Direct Grant Prep Pack to The Homer Fund. Once received by The Homer Fund, your request is assigned to an Analyst who will perform the preliminary review of your request. The Analyst will base their understanding of the situation based on the information provided, so please ensure all documentation is provided upon submission of the application.

The Analyst is your advocate throughout the review process. The assigned Analyst will ensure the application is complete (including all supporting documentation), and ensure they have a thorough understanding of the applicant’s situation to properly support your need. Each case is different, and decisions are based on the information and documentation submitted. Complete the packet in its entirety as missing information will cause a delay in processing. We encourage you to be specific in the explanation of your unique situation so the Analyst has clarity about your need. The Analyst will reach out to you or your sponsors with any questions, so ensure your contact information is accurate. The Analyst will prepare your request for a final review with a manager where a decision will be made on how The Homer Fund can help. The Homer Fund will ALWAYS provide the most assistance possible, based on the qualifying event and the necessary expenses. **Please allow 7-10 business days for this process to take place.** Requests submitted without the proper documentation are declined upon receipt, delaying The Homer Fund’s ability to make a determination on eligibility and respond quickly.

6. How can I ensure my application is processed quickly?

New requests may take 7-10 business days to process. The biggest cause for delay is lack of documentation. An application which is complete upon receipt may be processed much sooner. **Reference the Applicant’s Checklist on page one** of the Direct Grant Prep Pack to ensure you follow the proper steps and provide all documents upon submission of your request to minimize delays or a declination. Requests submitted without the proper documentation are declined upon receipt. **Please do not submit without the required information. You may save and submit when you have info to fax/attach to request.**

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 Direct Grant Prep Pack 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 fax documents to (770) 384-2612 or email documents to Homer_Fund@homedepot.com



BASIC INFORMATION

(Must be completed for ALL Direct Grant requests)

ASSOCIATE'S INFORMATION

(items in bold must be completed)

Legal Name: _____ Associate ID Number: _____

Physical Street Address: _____
(Do not provide a P.O. Box address)

City: _____ State: _____ Zip: _____

Phone Number: (____) _____-_____ Email Address (if available): _____

Mobile Number: (____) _____-_____ May we communicate with you via text: ☐ Yes ☐ No

Job Title: _____

Home Depot Store Number: _____

Hourly or Salaried Associate?: ☐ Hourly ☐ Salaried

Full-time or Part-time Associate?: ☐ FT ☐ PT

Hire Date: _____

Associate's Signature** Date ____/____/____

CHECK BOXES BELOW TO ACKNOWLEDGE UNDERSTANDING:

- ☐ I understand that I must **partner with my manager, ASDS or HR partner** to officially apply for Homer Fund assistance
- ☐ I understand it will take **7-10 business days** to determine the outcome of my request for assistance (check box to acknowledge understanding).
- ☐ My signature serves as verification that all information provided on this application is **true and accurate** to the best of my knowledge.
- ☐ My signature also authorizes The Homer Fund to **verify all information** and/or to obtain additional information as needed to complete my request for assistance.

☐ If awarded a grant, I give The Homer Fund permission to use my story (check if you agree).

IMPORTANT

Pages 4, 5, 6 and 8 are **required**.

Please complete **all** fields as blank fields may result in a delay in processing.

REQUESTED EXPENSES

Please mark requested expenses related to the qualifying event above:

- | | |
|--|---|
| <input type="checkbox"/> Past due rent/mortgage or security deposit | <input type="checkbox"/> Past due car loan |
| <input type="checkbox"/> Past due electricity, water or gas | <input type="checkbox"/> Past due car insurance |
| <input type="checkbox"/> Major car repairs (catastrophic mechanical failure) | <input type="checkbox"/> Food |
| <input type="checkbox"/> Major home repairs or modification | <input type="checkbox"/> Clothing |

The Homer Fund helps associates who are unable to pay for housing, utilities, food and clothing because of a natural disaster or a fire that has damaged or destroyed his or her primary residence. Expenses may be addressed in the absence of insurance that will cover the costs listed below.

WHAT'S COVERED (no exceptions)

- Temporary housing (such as hotel until primary residence is rebuilt)
- Essential utility bills/deposits (electricity, natural gas, water, sanitation), homeowners association and property taxes
- Security deposit to move into new rental home/apartment
- Home repair/rebuilding costs/building supplies
- Essential furniture and toiletries
- Appliances (refrigerator & stove only)
- Stipends for food, clothing and moving expenses

WHAT'S NOT COVERED

- Down payment to purchase new home
- Non-essential utilities (cable, phone, cell phone, internet)
- Storage expenses
- Electronics
-

GENERAL INFORMATION

What type of disaster has affected the associate?

- ☐ Fire
 ☐ Tornado
 ☐ Flood
 ☐ Hurricane
☐ Earthquake
 ☐ Blizzard/Ice/Windstorm
 ☐ Other _____

Yes No

- ☐ Does the associate have homeowners or renters insurance? If the associate has insurance, how much has the insurance company paid thus far? \$_____
- ☐ Is the insurance company paying for the associate's immediate needs?
- ☐ Is the insurance company reimbursing the associate for out-of-pocket expenses?
- ☐ Can the associate live in his or her primary residence?
- ☐ Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement (page 7) is required.

Where is the associate currently living? ☐ Relatives ☐ Friends ☐ Hotel ☐ Shelter ☐ _____

With what basic, essential needs does the associate seek help?

- ☐ Rent/mortgage
 ☐ Security deposit
 ☐ Utilities
 ☐ Furniture
 ☐ Appliances
☐ Clothing
 ☐ Home Repairs
 ☐ Food

If the home damaged in the disaster is an apartment/rental home, is the apartment complex/landlord doing anything to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)? ☐ Yes (explain below) ☐ No

Please provide more details on Page 8

Document Checklist (The following documents are **required at time of submitting** application for review):

- ☐ Proof of disaster impact (insurance claim, news article, etc)
- ☐ Landlord statement for new apartment/rental home stating all monies needed to move-in (security deposit, first month's rent, etc.)
- ☐ Essential utilities deposit statements (electricity, gas, water, sanitation)
- ☐ Quote for home repairs if associate owns the damaged home
- ☐ Proof of insurance payout or declination letter
- ☐ Any other documentation relevant to this request (insurance report, etc.)

HOMER FUND FINANCIAL WORKSHEET

(REQUIRED for ALL applications)

Associate Name: _____

Associate ID Number: _____ Store #: _____

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The Homer Fund looks at all the 'bits and pieces' of every situation in order to determine eligibility. Seeing an associate's complete financial picture helps us to better understand and appreciate the associate's circumstances. Before receiving a grant, an associate must show the lack of financial resources and/or that he or she can afford their bills going forward.

How many people live in the associate's household (including associate)? _____ Adult(s) _____ Child(ren)

Name	Relationship	Age	Monetary Contributor?
			<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

SECTION 1: Your <u>MONTHLY</u> Household Income:	Normal Monthly Gross Income (Pre-tax)	Current Amount (if different from prev column)
Associate's Monthly Gross (Pre-tax) Pay	\$	\$
Spouse's Monthly Gross (Pre-tax) Pay	\$	\$
Contributions from Other Adults in Household	\$	\$
Child Support and Alimony Received	\$	\$
Disability Insurance	\$	\$
Social Security/Pension	\$	\$
Income from TANF or SNAP	\$	\$
Other Income	\$	\$
Section 1 Total	\$	\$
SECTION 2: Your <u>MONTHLY</u> Debt Payment:	Monthly Debt (full amount)	Monthly Debt (associate's share)
Car Loans (<i>monthly payments ONLY</i>)	\$	\$
Credit Cards (<i>monthly payments ONLY</i>)	\$	\$
Medical Bills (<i>monthly payments ONLY</i>)	\$	\$
Other (<i>for example: student loans, personal loans, etc.</i>)	\$	\$
Section 2 Total	\$	\$
SECTION 3: Your <u>MONTHLY</u> Living Expenses:	Monthly Living Expenses (full amount)	Monthly Living Expenses (associate's share)
Current or Proposed Rent/Mortgage (<i>in designated field, provide associate's share if split with other household members</i>)	\$	\$
Utilities (<i>electricity, natural gas, water/sanitation</i>)	\$	\$
Homeowners association fees or property taxes (<i>if applicable; monthly payments ONLY</i>)	\$	\$
Food	\$	\$
Prescriptions/medical co-pays	\$	\$
Child Support/Alimony Paid (<i>DO NOT list if automatically deducted from paycheck</i>)	\$	\$
Other (<i>for example: cell phone, cable, gasoline, auto insurance, daycare/tuition, clothing, etc.</i>)	\$	\$
Section 3 Total	\$	\$
REMAINING INCOME (add Sections 2 and 3 together and subtract from Section 1)	\$	\$

NEW LANDLORD STATEMENT

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This form is required for ALL applications requesting assistance with moving into a new apartment/rental home or hotel/motel. Please have your potential landlord or apartment complex complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information

ASSOCIATE INFORMATION

Legal Name: _____ Associate ID Number: _____

If requesting a hotel for temporary shelter, how long will you need the room? _____

I certify that I have applied for and been approved to move into the property listed below.

Associate's Signature ____/____/____
Date

APARTMENT/LANDLORD INFORMATION (for permanent residence)

Apartment Complex Name or Landlord's Name (please print): _____

Apartment/Rental Home Address: _____

Apartment Complex or Landlord's Phone Number: (_____) _____ - _____

Anticipated move-in date: ____/____/____

Names on lease and other residents:

Apartment

Rental House

☐ 1 bedroom

☐ 1 bedroom

☐ 2 bedrooms

☐ 2 bedrooms

☐ 3 bedrooms

☐ 3 bedrooms

☐ 4+ bedrooms

☐ 4+ bedrooms

Total Amount Needed to Occupy Property:

\$_____ security deposit

\$_____ 1st month's rent

\$_____ pet deposits

\$_____ other deposits (utilities, appliances, etc.)

\$_____ TOTAL

Has the landlord received the security deposit? ☐ Yes ☐ No

Apartment Complex/Landlord accepts: ☐ 3rd party business check ☐ certified check ☐ money order

All checks for security deposit are made payable to the landlord or apartment complex only. Enter the name to which checks should be made payable: _____

Landlord/Complex Manager's Signature ____/____/____
Date

APARTMENT/LANDLORD/HOTEL INFORMATION (for temporary residence)

Hotel/Motel's Name (please print): _____

Hotel/Motel's Address: _____

Please Provide Dates for This Temporary Housing _____

Daily Rate: \$_____ Weekly Rate: \$_____ Phone #: (_____) _____ - _____

Payment will be issued directly to hotel via business check, certified check or money order.

Hotel accepts: ☐ 3rd party business check ☐ certified check ☐ money order

Manager's Name _____ ____/____/____
Manager's Signature Date

ASSOCIATE PERSONAL STATEMENT

Provide details on the events that have led to the request for Homer Fund assistance. Also, be clear about the expenses for which you are seeking help. A transparent picture of the events and the resulting expense(s) will reduce questions and help process your request quicker. Add as many pages as necessary to provide a well-defined summary of the current hardship.

FOR WHAT EXPENSE(S) ARE YOU SEEKING ASSISTANCE (i.e., past due rent, utilities, funeral expenses, etc.)?

Please remember to provide copies of the most current bills.

NOTATION BELOW DOES NOT REMOVE THE NEED TO PROVIDE THE COPIES OF THE BILLS.

EXPENSE TYPE DUE	CREDITOR'S NAME	AMOUNT
<input type="checkbox"/> Past due rent/mortgage		\$
<input type="checkbox"/> Past due gas/propane		\$
<input type="checkbox"/> Electric		\$
<input type="checkbox"/> Water		\$
<input type="checkbox"/> Sewer/sanitation		\$
<input type="checkbox"/> Security deposit		\$
<input type="checkbox"/> HOA		\$
<input type="checkbox"/> Property taxes		\$
<input type="checkbox"/> Medical insurance premium		\$
<input type="checkbox"/> Funeral expenses		\$
<input type="checkbox"/> Emergency travel		\$
<input type="checkbox"/> Major car repair		\$
<input type="checkbox"/> Major home repair		\$
<input type="checkbox"/> Car loan		\$
<input type="checkbox"/> Car insurance		\$
<input type="checkbox"/> Other (explain)		\$

PROVIDE DETAILS OF THE EVENT(S) LEADING TO YOUR INABILITY TO PAY THE EXPENSE(S) ABOVE?
