



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

HOPE FUND APPLICATION

As of April 1, 2020, the Hope Fund will be used to provide assistance to YMCA of Middle Tennessee employees who have been temporarily furloughed. The Hope Fund is intended to provide part-time and full-time staff who have been significantly impacted by COVID-19 with access to financial resources to support immediate and essential needs, primarily housing, medical and food, within our available resources.

Email completed application to hopefund@ymcamidtn.org.

Name: _____ Part-Time Furloughed Full-Time Furloughed

Job Title: _____ Center/Program: _____

Address: _____ Email: _____

_____ Phone: _____

Household Balance you currently have available (savings, checking, in cash): _____

Please list the average amount you pay each month in each category:

	Amount	Next Due Date
Housing		
Medical		
Electric/Gas		
Water		
Food		

Do you have other sources of assistance (WIC, Food Stamps, etc.)? Yes No

If yes, please list with amounts: _____

Please list all people living in your household (both adults and children). Include your relationship to each person, their age, and the amount of income each person is making:

	Name	Relationship	Age	Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

What type of assistance is needed? Attach supporting documentation as needed. (Please do not provide any medical information, including names of prescriptions.)

- Rent/Mortgage:** for staff at risk of losing their home due to the inability to pay rent or mortgage.
Provide a statement for verification. Any payment will be made directly to the landlord or bank.
- Utilities:** for staff at risk of having their electricity, gas or water shut off due to an inability to pay.
Provide a statement for verification. Any payment will be made directly to the utility company.
- Food:** for staff who are unable to feed their families due to lost wages.
Any help with food will come in the form of a grocery store gift card (\$250 max).
- Emergency Medical:** for staff who are unable to pay new medical bills during this ongoing crisis.
Provide a bill for verification. Any payment will be made directly to the medical facility.

Description of Need: Please describe your current financial/resource situation and explain your specific request. Attach additional pages as needed.

Amount requested: _____ (\$500 max) Date needed: _____

I attest that the information provided is accurate to the best of my knowledge. I understand that Hope Fund awards are gifts which do not require repayment and are considered taxable income by the IRS. I acknowledge that this application may be discussed with YMCA staff other than those on the Hope Fund Committee, but that discussion will be limited to as few people as possible to reach an award decision.

Signature: _____ Date: _____