



**HD SUPPLY HELPING HAND FUND, INC.
GRANT PROCESS**

Associates should work with their manager to complete the following application process:

1. Determine the associate's eligibility for assistance by completing the quick test below:
 - Is the associate unable to pay for one or all of the expenses listed below?
 - Housing
 - Utilities
 - Food
 - Clothing
 - Funeral expenses
 - Is the associate's need for or inability to pay for these expenses (listed above) a direct result of one of the following circumstances?
 - Natural Disaster
 - Fire
 - Illness or injury
 - Death of associate or benefits eligible member (spouse, domestic partner, minor child or dependent of associate)

If you answered "Yes" to **both** questions listed above, the associate may be eligible for a grant from the HD Supply Helping Hand Fund, Inc. Please complete the application.

If you answered "No" to **either** question listed above, the associate is not eligible for a grant from the HD Supply Helping Hand Fund, Inc. Do NOT complete the application.

2. If eligible, complete Page 2 of this application and the corresponding page for the associate's circumstance.
3. Associate signs the application as verification that all information is true and correct, and as authorization for the Fund to verify all information and/or obtain additional information.
4. Gather all necessary supporting documents. Refer to the document checklist located at the bottom of the corresponding circumstance page.
5. Once the application is completed, supporting documents are collected and the associate and manager sign the application, fax the completed application and all supporting documents to the Fund at **770.852.9460 Attn: Helping Hand Fund; or e-mail the documents to HelpingHand@hdsupply.com.**
6. The Fund Operating Committee assesses the application and may contact the manager, associate or benefits eligible member for further information.
7. If an application is approved, a check made payable to either the associate or another appropriate party (benefits eligible member) is sent via overnight mail for disbursement.



**HD SUPPLY HELPING HAND FUND, INC.
DIRECT GRANT APPLICATION**

BASIC INFORMATION

Associate's Information

Legal Name: _____

Address: _____

Home Phone:() - - Work Phone:() - - Email address (if available): _____

Date of Hire: _____ Associate ID Number: _____ or Social Security Number: - -

Associate's Signature (if associate is applicant) Date

Reason for Application

Please mark reason for application and complete appropriate page:

- _____ Natural Disaster/Fire (pages 3 and 6)
- _____ Illness/Injury (pages 4 and 6)
- _____ Death (pages 5 and 6)

Brief description:

Manager's Information

All Direct Grant applications require the manager's signature. This confirms that the associate's circumstance qualifies for a Direct Grant and that the manager recommends grant assistance.

I have completed the quick test from Page 1 and have determined this associate is eligible for Direct Grant assistance. I recommend that the HD Supply Helping Hand Fund, Inc. provide a grant in the amount set forth below to the associate listed above.

Manager's Name: _____ Title: _____

Manager's phone number:() - - Manager's email address: _____

Recommended amount:\$ _____ (\$1,000 maximum)

Manager's Signature Date

NATURAL DISASTER

The HD Supply Helping Hand Fund, Inc. helps associates who are unable to pay for housing, utilities, food and clothing because of a natural disaster or a fire that damaged or destroyed his or her primary residence.

What's Covered (no exceptions)

- Temporary housing (such as hotel until primary residence is rebuilt)
- Security deposit to move into new rental home/apartment
- Essential utility bills/deposits (electricity, natural gas, water only)
- Food
- Clothing

What's Not Covered

- Home repair/rebuilding costs/building supplies
- Down payment on new home
- Auto repairs or replacement
- Moving expenses/storage expenses
- Insurance deductibles
- Furniture/Appliances/Generators
- Electronics
- Non-essential utilities (cable, phone, cell phone)

General Information

What type of natural disaster has affected the associate:

Fire Hurricane Tornado Earthquake Flood Other

Yes No Does the associate have insurance?

Yes No Is the insurance co. paying for the associate's immediate needs?

Yes No Will insurance reimburse the associate for any out-of-pocket expenses for basic living expenses?

Yes No Can the associate live in his or her primary residence?

Yes No Is the associate seeking assistance to move into a new apartment/rental home? If so, a landlord statement as described below is required.

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

Where is the associate currently living? With relatives With friends Hotel/motel

What basic, essential possessions did the associate have that were damaged or destroyed?

Housing Clothing Food Other: _____

If an apartment/rental home was damaged or destroyed, what is the apartment complex/landlord doing to assist the associate (refunded security deposit/rent, provided another apartment/rental home, discounted rent)? _____

If the associate has insurance, how much has the insurance company paid thus far? _____

Please tell us anything else that would help us assess this application (attach separate sheet if necessary):

Document Checklist (if available, supporting documents should be sent with this application):

Fire report/Police report

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)

Any other documentation relevant to this request (insurance report, etc.)



ILLNESS OR INJURY

The HD Supply Helping Hand Fund, Inc. helps associates who are unable to pay for housing, utilities, food and clothing because of an illness or injury suffered/sustained by the associate or a benefits eligible member. "Benefits eligible member" means the associate's spouse and minor children, domestic partner, and other dependents for which the associate is 100% financially responsible (dependent eligible for coverage under the associate's health and welfare benefits). **Typically parents, grandparents, or other relatives are not considered dependents, unless the associate can show they are 100% financially responsible for that relative.**

What's Covered (no exceptions)

- Past due rent/mortgage (must have received a past due notice)
- Past due essential utilities (must have received a past due notice)
- Rent/essential utilities deposits – if moving into more affordable housing (electricity, natural gas, water only)
- Food
- Clothing

What's Not Covered

- Medical bills
- Treatment costs (surgery, chemotherapy, etc.)
- Insurance premiums/co-pays
- Medication/Medical equipments
- Home modifications (wheelchair ramp, etc.)
- Non-essential utilities (cable, phone, cell phone)
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Auto payments, credit card bills, personal loans (including loans from family), childcare

General Information

Who has been affected by the illness/injury? Associate Spouse/Domestic Partner Minor Child Other Dep

What is the nature of the illness/injury? _____

Yes No Is the affected person covered by medical insurance?

Yes No Does the affected person have any medical bills that are not covered by insurance?
If so, how much? \$ _____

Yes No Is the affected person on a Leave of Absence due to the illness or injury? If yes, what was the start date of the leave and expected return date? _____

Yes No If the associate is not the ill or injured party, does the affected person live with the associate?

Yes No Is the affected person covered by disability insurance?

Yes No Is the affected person receiving disability benefits? If so, how much? \$ _____/week

Yes No Is the associate being evicted or foreclosed?

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

Please tell us anything else that would help us assess this application (attach separate sheet if necessary):

Document Checklist (if available, supporting documents should be sent with this application):

Rent/essential utilities deposit statements (if moving into more affordable housing)

Any other documentation relevant to this request (medical bills to support claim of high bills, etc.)

DEATH

The HD Supply Helping Hand Fund, Inc. helps associates, or their qualified benefits eligible members, who are unable to pay for housing, utilities, food and clothing because of the death of the associate or a benefits qualified member. The Fund may be able to help if the loss of income or the payment of funeral expenses or medical bills prevents an associate or the associate’s benefits eligible member from paying basic living expenses. The HD Supply Helping Hand Fund, Inc. also assists associates with funeral expenses for immediate family if the associate is unable to afford the funeral. “Benefits eligible member” means the associate’s spouse and minor children, domestic partner, and other dependents for which the associate is 100% financially responsible (dependent eligible for coverage under the associate’s health and welfare benefits). **Typically parents, grandparents, or other relatives are not considered dependents, unless the associate can show they are 100% financially responsible for that relative.**

What’s Covered (no exceptions)

- Funeral expenses – essential costs only (excludes notices, flowers, acknowledgements, limousines, grave markers, etc.)
- Past due rent/mortgage
- Past due essential utilities
- Rent/essential utilities deposits – if moving into more affordable housing (electricity, nature gas, water only)
- Food
- Clothing

What’s Not Covered

- Medical bills
- Treatment costs (surgery, chemotherapy, etc.)
- Insurance premiums/co-pays
- Transportation (gas, repairs, airfare, moving expenses, etc.)
- Non-essential utilities (cable, phone, cell phone)
- Personal loan repayments (e.g., paying back family members or friend from whom the associate borrowed money)

General Information

Who is the deceased? Associate Spouse/Domestic Partner Minor Child Other Dep

What caused the death? _____

Yes No Did the deceased have life insurance? Is so, who is the beneficiary? _____

How much is the insurance policy? _____

Yes No Does the deceased have any medical bills that are not covered by insurance?

If so, how much? _____

Yes No Did the deceased work outside of the home or have other income?

Yes No Is the associate or qualified family member is being evicted or foreclosed?

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

Are there any unpaid funeral expenses? Yes No If so, how much? _____

What is the name of the funeral home/cemetery requiring payment? _____

Please tell us anything else that would help us assess this application (attach separate sheet if necessary):

Document Checklist (the following documents are required when sending this application for review):

- Itemized funeral expenses bill/quote (when available)
- Rent/essential utilities deposit statements (if moving into more affordable housing)
- Any other documentation relevant to this request (medical bills, etc.)



FINANCIAL WORKSHEET

(Must be completed for all Direct Grant applications)

The HD Supply Helping Hand Fund, Inc. looks at all of the “bits and pieces” of every situation in order to determine eligibility. Seeing an associate’s financial picture helps us to better understand and appreciate the associate’s circumstances.

Also, the HD Supply Helping Hand Fund, Inc. can provide Direct Grants to help associates move into new apartments or rental houses if they are unable to afford housing because of a natural disaster, illness, injury or death. If appropriate, the Fund can make a grant to pay the amount required to move into the apartment or rental house, such as the security deposit and first month’s rent.

Your <u>Monthly Household Income:</u>	Monthly Income	Monthly Debt
Associate’s Gross (pre-tax) Pay	\$	
Spouse’s Gross (pre-tax) Pay	\$	
Child Support and Alimony	\$	
Disability Insurance	\$	
Social Security/Pension	\$	
Other Income	\$	
Total	\$	
Amount dedicated to rent/mortgage	\$	

Your <u>Monthly Debt Payments:</u>	
Car Loans	\$
Credit Cards	\$
Child Support and Alimony	\$
Medical Bills	\$
Other	\$
Total	\$

Your <u>Monthly Living Expenses:</u>	
Current/Proposed Rent	\$
Utilities	\$
Food	\$
Clothing	\$
Medicine	\$
Other (cell phone, cable, etc.)	\$
Total	\$

Please provide a detailed statement about your temporary residence including a description of size, number of bedrooms and bathrooms, location description, square footage, year built (if available) and reasoning behind the selection of the residence.



NEW LANDLORD STATEMENT

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: _____ Branch Name/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

- ___ 1 bedroom
- ___ 2 bedrooms
- ___ 3 bedrooms
- ___ 4+ bedrooms

Rental House

- ___ 1 bedroom
- ___ 2 bedrooms
- ___ 3 bedrooms
- ___ 4+ bedrooms

Total amount needed to occupy property:

- \$ _____ security deposit
- \$ _____ 1st month's rent
- \$ _____ pet deposits
- \$ _____ other deposits (utilities, appliances, etc.)
- \$ _____ TOTAL

Please make all checks payable to: _____

Landlord/Complex Manager Name

Date

Hotel Information (for temporary residence)

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

Hotel/Motel's Address: _____

Daily Rate:\$ _____

Weekly Rate:\$ _____

Manager's Name

Date



If the associate or individual completing this application is found to have fabricated any portion of the application and received a direct grant from the Fund, the recipient of that grant may be required to pay back some, or all, of the direct grant amount. If the person found to have fabricated any portion of this application is an HD Supply employee, that employee will be subject to discipline up to and including termination.

The HD Supply Helping Hand Fund, Inc. will not issue grants to associates or benefits eligible members for hardships resulting from illegal activity on the part of the associate or their benefits eligible member.