



APPLICATION FOR GRANT FROM LAZER SPOT FOUNDATION, INC.

What is Lazer Spot Foundation, Inc.?

The Foundation is a 501(c)(3) charitable organization created to benefit employees, former employees, and family members of Lazer Spot, Inc. Our mission is to empower individuals in communities where we serve to enhance health, support family stability, and overcome financial hardship.

Grants are intended to be a gift, and repayment is not expected. However, if you feel inclined in the future and would like to help someone else, you may make a donation to the Foundation. It will be used to help someone else in need.

What kind of help is available?

A grant from the Foundation is intended as a source of last resort, to be sought only when the family or individual requesting assistance has explored all other possibilities of help from family, friends, savings, public assistance programs, or any other resources. It is intended to be a temporary help during a time of crisis.

Assistance from the Foundation is intended to be a one-time gift. In extraordinary circumstances, the Foundation may decide to help an individual or family more than one time, but that will be exceptional.

A grant from the Foundation is intended to bridge a gap, meaning that the Foundation should be able to foresee the possibility of individual or family stability due to the temporary relief provided by the grant. Eligible expenses include:

- Lodging
- Food
- Clothing
- Medical treatment
- Transportation needs
- Funeral expenses
- Loss of employment/loss of family wage earner
- Severe hardship resulting from natural disaster or force majeure

Requests not eligible for Foundation funds include:

- Paying off credit cards (Exceptions can be made when an individual has had to use a credit card in a crisis or emergency.)
- Legal expenses, child support, garnishment payments, or payment of fines
- Housing relocation, unless the relocation is necessary due to fire, natural disaster, eviction or other unavoidable reason
- School fees or tuition

- Business ventures or investments

The Foundation was established to meet Emergency and Short Term Needs, rather than Long Term or Chronic Needs. Eligible needs are defined as:

- Emergency: These are immediate documented needs prompted by unforeseen or unforeseeable situations. The Committee may choose to address these needs so long as they fall within the boundaries of need by type and category.
- Short Term: These are documented needs that represent situations or conditions that are three months or less in duration. The Committee may choose to address these needs so long as they fall within the boundaries of need by type and category.

Who will see the information that I put on this form?

All information provided on the application will be kept as private as possible. Five committee members will review applications. You will be contacted if more information is needed. If your request is approved, it may take up to two weeks to receive funding. As much as possible, checks from the Foundation will be payable to utilities, landlords, etc., rather than to the individual or family requesting assistance. **Please fill in areas below and submit to foundation@lazerspot.com for processing.**

Personal Information:

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

List all other individuals sharing your household:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

List your specific needs:

Amount _____ Description _____

Amount _____ Description _____

Amount _____ Description _____

Briefly, what events led to your needing assistance?

Applicant Employment History:

Present/Most Recent Employer (*other than Lazer Spot*): _____

Position and Job Description _____

Employer's Address _____

Employment Dates From ____/____/____ To ____/____/____

If unemployed, for how long? _____

Are you currently seeking employment?

If not, why not? _____

If 'yes,' what steps are you taking to seek active employment? _____

Present/Most Recent Employer of Your Spouse or Significant Other: _____

Position and Job Description _____

Employer's Address _____

Employment Dates From ____/____/____ To ____/____/____

If unemployed, for how long? _____

Is this person currently seeking employment?

If not, why not? _____

If 'yes,' what steps is this person taking to seek active employment? _____

Housing:

____ Own ____ Purchasing ____ Renting ____ Other

How long at your present address? _____ Landlord/Mortgage Company _____

How long were you at your previous address, and why did you move?

Car

Do you have access to a car? ____ Yes ____ No

If Yes, it is ____ Owned (paid for) ____ Leased/Making Payments ____ Borrowed

If paying payments, how much is the payment? ____ per ____ . How much is still owed? ____

How many cars are in your household? ____

Have you contacted anyone else for assistance within the last six months?

____ Yes ____ No

If so, please specify: ____ Family ____ Friends ____ Churches ____ Agencies

Are any of the above assisting with your needs? ____ Yes ____ No

If yes, amount: \$____ If no, why not? _____

What steps are you taking to improve your present situation?

Financial Overview**Monthly Income Sources:**

Job #1 (Take Home Pay) \$_____

Job #2 (Take Home Pay) \$_____

Spouse's Job #1 (Take Home Pay) \$_____

Spouse's Job #2 (Take Home Pay) \$_____

Child/Spousal Support \$_____

Retirement \$_____

Social Security \$_____

SSI/Disability \$_____

| | |
|-----------------------------|-----------------|
| Food Stamps/WIC | \$ _____ |
| Other Income | \$ _____ |
| Total Monthly Income | \$ _____ |

Monthly Expenses:

| | |
|-------------------------------|-----------------|
| Rent/Mortgage | \$ _____ |
| Car Payment(s) | \$ _____ |
| Auto Insurance | \$ _____ |
| Auto (Gas & Oil) | \$ _____ |
| Insurance | \$ _____ |
| Health Care | \$ _____ |
| Electric/Gas/Water | \$ _____ |
| Food (Groceries & Eating Out) | \$ _____ |
| Phones (Home & Cell) | \$ _____ |
| Cable TV/Internet | \$ _____ |
| Day Care | \$ _____ |
| Child/Spousal Support | \$ _____ |
| Furniture/Appliances | \$ _____ |
| Credit Cards | \$ _____ |
| School Loans | \$ _____ |
| Bank Loans/Other | \$ _____ |
| Personal/Pet Care | \$ _____ |
| Other (please specify) | \$ _____ |
| Total Monthly Expenses | \$ _____ |

Applicant signature: _____ Date: _____