



## ***Hancock Whitney Associate Assistance Fund***

Associate: \_\_\_\_\_

Associate Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Current Associate    ( Full-time     Part-time)

1. **Your situation MUST fall into one these four categories to apply for funding:**

\_\_\_\_\_ **Qualified Natural Disaster:** For situations such as widespread flooding, tornado, or hurricane. The damage must be to associate's primary residence. To qualify, there must be an uninsured loss of \$5,000 or more.

\_\_\_\_\_ **Non-Qualified Disasters:** This includes damage to the associate's primary residence not attributable to a Qualified Natural Disaster. Examples include, but are not limited to fire, isolated flooding, a bursting pipe, or other major home damages that could not be avoided. To qualify, there must be an uninsured loss of \$5,000 or more.

\_\_\_\_\_ **Life-Threatening or Serious Illness or Injury:** The illness or injury to the associate, spouse or other eligible dependent must be of such seriousness that it affects the ability to afford basic living needs or causes unforeseen financial distress.

\_\_\_\_\_ **Funeral or Death Related Expenses:** This includes the death of the associate, spouse, children or eligible dependents, parents, siblings or other significant relationships. The loss of income or the cost of funeral expenses/medical bills must create a financial hardship or prevent an associate or their family from affording basic living expenses.



2. Describe in detail the nature of your need for financial hardship assistance and how this grant will help you recover from the immediate financial crisis.

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3. What type of assistance or relief have you received?

Name of organization: \_\_\_\_\_  
Type of Relief: \_\_\_\_\_  
Amount Received: \_\_\_\_\_

Name of organization: \_\_\_\_\_  
Type of Relief: \_\_\_\_\_  
Amount Received: \_\_\_\_\_

4. If you experienced a loss of property, was it insured?  Yes  No  
If yes, name of insurance company(s): \_\_\_\_\_  
Type(s) of reimbursement & amount received:

Living Expenses: \_\_\_\_\_  
Flood: \_\_\_\_\_  
Homeowners: \_\_\_\_\_  
Car: \_\_\_\_\_  
Medical: \_\_\_\_\_

***Please provide documentation.***

Estimated amount of loss not covered by insurance: \_\_\_\_\_



5. What is the total annual income of your household? Please include your current salary *plus* any other sources of income in the household used to pay household expenses. For example: spousal income, child support, government assistance, etc.

- |   |   |
|---|---|
| <input type="checkbox"/> Below \$20,000       | <input type="checkbox"/> \$40,001 to \$50,000 |
| <input type="checkbox"/> \$20,001 to \$30,000 | <input type="checkbox"/> \$50,001 to \$60,000 |
| <input type="checkbox"/> \$30,001 to \$40,000 | <input type="checkbox"/> \$60,001 or more     |

6. Please list all checking accounts with current balances and *a copy of the most current statements.*

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7. Please list all other accounts, including savings accounts, bonds, certificates of deposits, brokerage, and money market accounts with current balance. *Please provide a copy of the most current statement(s).*

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8. Please list cash on hand. \_\_\_\_\_

9. Please list all household expenses, including any loans, utilities, rent, daycare, etc.

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10. Are any of the expenses listed above currently past due?  Yes  No  
If yes, please list those expenses currently past due with the amounts that are due.  
***Please provide a copy of your most recent statement(s)***

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11. Have you contacted the companies or individuals to work out payment arrangements?  
For example, extensions on a loan payment, payment plan for medical expenses, etc.   
Yes  No  
If yes, please explain any results.

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12. Give an estimated amount of assistance needed and a detailed explanation for this amount. ***Please provide documentation supporting amount requested.***

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13. If this application is approved, The Community Foundation will submit checks directly to the vendor on your behalf. Please provide the following information, listing vendors in the order of priority, in case the company awards partial funding.

**Vendor Name:**

Vendor Address:  
Account Number:  
Amount Due:  
Due Date:

**Vendor Name:**

Vendor Address:  
Account Number:  
Amount Due:  
Due Date:

**Vendor Name:**

Vendor Address:  
Account Number:  
Amount Due:  
Due Date:

*Incomplete applications are not considered. If you have not received a response to your application within five (5) business days or if you require immediate attention (24-36 hours), please contact the Gulf Coast Community Foundation at (228) 897-4841.*

**Mail or fax completed and signed application with requested documentation to:**

Gulf Coast Community Foundation  
Hancock Whitney Associate Assistance Fund  
11975 Seaway Road, Suite B-150  
Gulfport, Mississippi 39503  
Phone: (228) 897-4841  
Fax: (228) 897-4843