

## Grant Application

Applicants must complete this form to the best of their ability. Prior to completing the application, please reach out to Joan Pew for further guidance on qualifying events. ***It is essential that you provide current and accurate information. Any documentation that can support your claim would be helpful.*** Please keep a copy of the completed form for your records.

Completed applications should be submitted either:

via email to [assistance@lathamcares.org](mailto:assistance@lathamcares.org) or

via mail to: LathamCares C/O LATHAM & WATKINS  
Attention: Wendy Atrokhov  
555 Eleventh Street, NW  
Washington, D.C. 20004

**Questions?** Please email: [assistance@lathamcares.org](mailto:assistance@lathamcares.org).

### COMPLETE SECTIONS 1 – 4. PLEASE PRINT CLEARLY.

#### Section 1 – Applicant Information

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Have you applied to *LathamCares* before? ☐ Yes ☐ No

If so, did you receive assistance? ☐ Yes ☐ No

Date you applied: \_\_\_\_\_

## Section 2 – Description of Hardship

Date of Disaster or Hardship: \_\_\_\_\_

Description of your loss/hardship:

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Was it beyond your control? ☐ Yes ☐ No

Do you or any member of your household or family have other insurance coverage or any other financial resources to assist with the hardship/disaster? ☐ Yes ☐ No

If yes, please explain:

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## Section 3 – Amount of Assistance Requested

Please provide an itemized list of estimated costs included in your assistance request. Attach an additional sheet if necessary.

Description of Expense	Estimated Cost
Total Assistance Requested	

## Section 4 – Your Financial Resources and Responsibilities

Please list all members of your household and their relationship to you:

Name	Relationship	Age

### Combined Monthly Household Income:

Regular Wages \_\_\_\_\_

Other Household Wages \_\_\_\_\_

Child Support \_\_\_\_\_

Social Security \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

### Monthly Household Expenses

Rent/Mortgage \_\_\_\_\_

Food \_\_\_\_\_

Auto (Payments & Insurance) \_\_\_\_\_

Gas \_\_\_\_\_

Child Support \_\_\_\_\_

Cable/Internet \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Credit Card Debt \_\_\_\_\_

Student Loan/Tuition \_\_\_\_\_

Other Debt or Expenses \_\_\_\_\_

Total \_\_\_\_\_

### Financial Resources of Household

Checking Account Balance \_\_\_\_\_

Savings Account Balance \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

#### Section 4 – Your Financial Resources and Responsibilities Continued...

##### Homeowner's/Renter's Insurance (complete if request is related to loss of primary residence)

Do you have Homeowner's/Renter's Insurance? ☐ Yes ☐ No

If yes, is this loss covered? ☐ Yes ☐ No

If yes, amount of deductible? \_\_\_\_\_

##### Auto Expenses (complete if request is automobile related)

Do you have auto insurance? ☐ Yes ☐ No

If yes, is this loss covered? ☐ Yes ☐ No

If yes, amount of deductible? \_\_\_\_\_

Will auto insurance cover medical expenses? ☐ Yes ☐ No

If yes, amount of coverage? \_\_\_\_\_

Will auto insurance cover lost wages? ☐ Yes ☐ No

If yes, amount of coverage? \_\_\_\_\_

If you are requesting temporary assistance to get to work or assistance with automobile repairs:

Is public transportation available? ☐ Yes ☐ No

Is there another car in your household? ☐ Yes ☐ No

How far is your commute to work? \_\_\_\_\_

##### Medical Expenses (complete if request is related to medical expenses)

Do you have medical insurance? ☐ Yes ☐ No

If yes, amount of annual deductible? \_\_\_\_\_

If yes, co-pay per visit? \_\_\_\_\_

If yes, annual out-of-pocket maximum? \_\_\_\_\_

If no, amount of anticipated government assistance? \_\_\_\_\_

##### Assistance with Funeral Expenses (complete if request is related to funeral expenses)

Is life insurance available? ☐ Yes ☐ No

If yes, how much? \_\_\_\_\_

Will funds be available from decedent's estate? ☐ Yes ☐ No

If yes, how much? \_\_\_\_\_

Total assistance family members can provide \_\_\_\_\_

**Section 5 – Documentation**

Please provide any photos or documentation that you believe will support your request. LathamCares retains the right to request additional documentation to substantiate all of the information contained in this application, including but not limited to pay stubs, financial records, and lease/loan documents. Failure to provide such documentation upon request may result in LathamCares' denial of your application.

**Certification & Release**

Under penalties of perjury, I certify that the information contained in this application is true, correct, and complete and that I am requesting assistance from LathamCares because of a severe financial hardship that is not covered by insurance or other sources.

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Applicant Signature (or Delegate Signature)

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Date

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Delegate's Name and Relationship to Applicant (if applicable)