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**EMPLOYEE ASSISTANCE FUND (EAF)**

Guidelines (page 1) and Application (page 2)

*The Finance of America Cares (FOA Cares) Employee Assistance Fund (“Employee Assistance Fund”) is operated by Finance of America Cares. The Employee Assistance Fund was established in 2018 to provide financial assistance to employees of Finance of America Holdings and its affiliates and to their immediate family members.* ***Application begins on second page.***

**EMPLOYEE ELIGIBILITY:** A qualified Finance of America employee is one who is:

* Regularly scheduled to work 20 or more hours per week in the US.
* Employed by Finance of America or its affiliates working and residing in the US.
* Actively employed or on approved leave of absence for no more than one year.
* In the case of death of the employee, eligible dependents may apply.

**QUALIFIED INCIDENTS:** The Employee Assistance Fund grants are made to assist with immediate, short-term needs of individuals who may be victims of disasters or other emergency hardship caused by illness, death, accident, violet crime or other types of personal injury outside of the employee’s control. It is intended as a last resort to help employees facing financial hardship because of a qualified incident. An employee can only receive financial assistance once within a six (6) month period. In the case of a denied application, the employee is eligible to submit a new application (for a new incident) after six (6) months. The reported incident must have occurred within 120 days of the application date.

**Circumstances that may qualify for assistance fall into five categories:** Natural Disaster,Life-threatening or serious illness or injury, Loss of life,Crime, or Tragic or extreme circumstances.

***Please note:*** *Grants from the Employee Assistance Fund are not intended to replace personal or homeowners insurance, divorce, federal disaster relief, or other types of aid, but rather to assist on an immediate and short-term basis when other sources of assistance are not available. The grant will be disbursed from Finance of America Cares, a US charitable organization. Please consult your tax advisor as you may be required to pay taxes on all amounts received. You are responsible for paying all associated income taxes on the grant.*

**APPLICATIONS:** Applications to the Employee Assistance Fund are reviewed by an anonymous Review Committee and will be treated in a confidential manner; however non-identifying statistical information will be reported to the charity on a periodic basis. Applicants will generally receive a response to their application within five business days. Fully complete applications will be reviewed within thirty (30) days. Submitting an incomplete application will delay review. Employees are encouraged to keep a complete copy of the application for their personal records and to have on hand should we contact you with any questions.

**As used in this application, the following terms have the following meanings:**

* “Beneficiary” means the employee or immediate family member for whom the grant application is being submitted.
* “Employee” means a Finance of America employee.
* “Immediate Family Member” means siblings, spouse, children and/or parents of the employee and other family members of the employee who reside in the employee’s household.

**FINANCIAL ASSISTANCE:** The maximum amount available per employee, per incident is $4,000. Grants may be awarded to help pay for expenses directly related to the qualified incident. In the case of lost wages caused by the qualified incident, the Employee Assistance Fund may be able to provide financial assistance for regular monthly bills up to the amount lost in wages. If the application is approved, the Employee Assistance Fund will issue the grant in the form of check(s) payable to the vendor(s) to whom the employee owes payment(s). The Employee Assistance Fund does not issue checks directly to employees, with the exception of extreme circumstances as determined by the EAF Review Committee.

**Finance of America Cares – Employee Assistance Fund Application**

**Section I: Employee Information *(Must be Completed by Intended Recipient)***

Employee’s Full Name: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Home Address: ­­­­­­­­­­­­­­­­­Click or tap here to enter text. City: Click or tap here to enter text.

State: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Work Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

* Date of Hire (Month/Year): Click or tap here to enter text. Position: Click or tap here to enter text.
* Average Number of Hours Worked Per Week: Click or tap here to enter text.
* Business Channel You’re an Employee of (Check One):

Finance of America Mortgage [ ]

Finance of America Reverse [ ]

Finance of America Commercial [ ]

Finance of America Holdings [ ]

(DBA) Other: Click or tap here to enter text.

Employee’s Banking Institution: Click or tap here to enter text.

**Section II: Beneficiary Information *(Must be Completed if Intended Recipient is Not an Employee)***

Beneficiary’s Full Name: ­Click or tap here to enter text. Relationship to Employee­: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Home Address: ­­­­­­­­­­­­­­­­­Click or tap here to enter text. City: Click or tap here to enter text.

State: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Work Phone: Click or tap here to enter text. Cell Phone: Click or tap here to enter text.

Banking Institution: Click or tap here to enter text.

**Section III: Request for Financial Assistance *(Must be Completed)***

*Hardship Category (Check One):*

[ ]  Natural Disaster (flood, lightning strike, house fire, tornado, etc.; primary residence only)

[ ]  Life-threatening or Serious Illness or Injury (heart attack, car accident, emergency room visit, or other medical expenses not eligible for reimbursement; for the employee, employee’s spouse/domestic partner, or legal dependent only)

[ ]  Loss of Life (employee, employee’s spouse/domestic partner, dependent, parent or parent-in-law, or sibling)

[ ]  Crime (employee, or immediate family member residing at primary residence suffers from an attack, robbery, or other misc. crime that leads to financial hardship)

[ ]  Tragic or extreme circumstances (an event that has happened within 120 days of the application date, does not fall into any of the above categories, and results in unexpected bills)

* Total Amount Requested: US$: Click or tap here to enter text.
* Date of Economic Hardship *(must be within previous 120 days)*: Click or tap to enter a date.

Please describe the Beneficiary’s emergency hardship situation in detail: Click or tap here to enter text.

Please describe in detail what the funds will be used for: Click or tap here to enter text.

Is there insurance that would help in this situation? (Yes/No): Click or tap here to enter text.

* If yes, has a claim been submitted? (Yes/No): Click or tap here to enter text.

**Section IV: Other Assistance *(Must be Completed)***

Have you or the Beneficiary requested any other support or assistance for this emergency situation (examples include other charitable or religious organizations, insurance, government aid programs or other federal, state, or local assistance)? (Yes/No): Click or tap here to enter text. If not, please explain why: Click or tap here to enter text.

If the Beneficiary or you requested other support or assistance, was it granted? (Yes/No): Click or tap here to enter text.

* If so, please specify total amount(s) and funder: Click or tap here to enter text.
* If any request was denied, please reason for denial: Click or tap here to enter text.

**Section V: Prior Fund Assistance *(Must be Completed)***

Have you or the Beneficiary applied for a grant from the Employee Assistance Fund prior to this application? If so, please indicate whether a grant was awarded and provide the reason, amount, and date of the grant: Click or tap here to enter text.

**Section VI: List of Bills for Consideration *(Must be Completed)***

In compliance with IRS regulations, you are required to substantiate (prove) your incident to Finance of America Cares. Please attach supporting documentation to show proof of the financial hardship (for example, funeral home invoice, police report, medical bills, obituary, monthly living expenses, etc.). You are only required to provide a minimum of one document illustrating your need.

Please list each bill individually that you are asking the Employee Assistance Fund to consider paying on your behalf. These bills must be directly related to the incident that you are reporting as causing financial hardship for your family. Please list the bills in the order of importance, with number one (1) being of most importance.

|  |  |
| --- | --- |
| Vendor Name: |  |
| Payment Address/Phone: |  |
| Essential need provided: (rent, electric, medical, etc.) |  |
| Amount owed: |  |
| Account number: |  |

|  |  |
| --- | --- |
| Vendor Name: |  |
| Payment Address/Phone: |  |
| Essential need provided: (rent, electric, medical, etc.) |  |
| Amount owed: |  |
| Account number: |  |

|  |  |
| --- | --- |
| Vendor Name: |  |
| Payment Address/Phone: |  |
| Essential need provided: (rent, electric, medical, etc.) |  |
| Amount owed: |  |
| Account number: |  |

|  |  |
| --- | --- |
| Vendor Name: |  |
| Payment Address/Phone: |  |
| Essential need provided: (rent, electric, medical, etc.) |  |
| Amount owed: |  |
| Account number: |  |

**Section VI: Employee Certification *(Must be Completed)***

No employee is entitled to receive a grant, either by their employment, their history of contributions to the Employee Assistance Fund or because of any precedent inferred from a previous grant from the Employee Assistance Fund. Grants will not be made before an employee has demonstrated an immediate need. This application will be treated in a confidential manner by Finance of America Cares; however, non-identifying statistical information will be reported to the charity on a periodic basis.

Employees are expected to provide truthful and accurate information. In its due diligence, if Finance of America Cares discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings to the charity and Finance of America. The fiduciary expectations of all Finance of America employees are paramount. Your signature below verifies that the information provided is true and complete and authorizes Finance of America Cares to obtain and/or verify all information necessary to process this application. In addition, you agree to provide the requested documentation supporting the information provided.

I certify to Finance of America Cares that the information contained in this application is true and correct. Additionally, if I am submitting this application on behalf of the beneficiary, I certify to Finance of America Cares that the beneficiary is my Immediate Family Member.

Although not guaranteed, by accepting a gift from the Employee Assistance Fund, I agree to provide copies of the following materials if requested by Finance of America Cares: receipts demonstrating the emergency hardship, my expenditure, and documentation illustrating my relationship to the beneficiary, if I am submitting this application on behalf of an immediate family member.

* Signature (e-signature is permissible): *Click or tap here to enter text.*
* Printed Name: Click or tap here to enter text.
* Date: Click or tap to enter a date.

**Submit completed applications to the Finance of America CARES Executive Director, LouAnn Ross via e-mail at:**

**cares@financeofamerica.com**

**Or snail mail:**

Waleed Yousef, Community Outreach Project Manager

CARES, Finance of America Companies

One West Elm Street

Conshohoken, PA 19428

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| --- |
| **OFFICE USE ONLY**Date Received: Click or tap to enter a date.Screened Prior to Submitting to Review Committee (Program Director’s Initials): Click or tap here to enter text.Review Committee Decision: Click or tap here to enter text.Any Amounts Approved: US$Click or tap here to enter text.Committee Member Signature of Approval: Click or tap here to enter text.Committee Member Printed Name: Click or tap here to enter text.Date of Funds Distributed (N/A if funding was not awarded): Click or tap here to enter text. |