

RK ASSOCIATE HARDSHIP PROGRAM APPLICATION



Questions or Concerns?

CONTACT: RK Cares Hardship Program Relationship Manager
hardship@enrichingourcommunity.org - 217.253.8939 (call or text)

PURPOSE: Help Rural King associates and team members who are experiencing economic hardship and are unable to afford housing, utilities, and other basic living needs because of a **qualified natural disaster, life-threatening or serious illness or injury, death or other catastrophic or extreme circumstances** beyond the associate's control.

ELIGIBILITY: All RK Administrative Services, LLC associates who are currently employed part-time or full-time for at least 60 days prior to submitting this application AND have experienced a qualifying incident (see Section A for definitions) within 60 days of the date of application. In the case of death of the associate, then spouse, domestic partner, or eligible dependents may apply. IRS documentation may be required to show dependent status. **An associate can only be approved for assistance once within a twelve-month period.**

GRANTS: The maximum grant amount available for assistance is \$5,000 for a death incident and \$2,500 for all other incidents; however, grant amounts vary based upon the nature of the qualifying incident and related expenses. Awards from the fund are intended to assist the recipient associate through the crisis; they are not intended to make the associate whole. All payments are made directly to vendors as bill payments; assistance funds are not sent directly to applicants.

SECTION A: WILL YOU QUALIFY?

To qualify for this program and receive assistance you must meet certain requirements:

- 1) You must meet employment eligibility requirements as outlined above.
- 2) You must be experiencing financial hardship that affects your ability to pay for basic living needs.
- 3) The qualifying incident (see categories below) must have happened within the past 60 days.

Natural Disaster: This includes but is not limited to: a wildfire, flood, tornado, hurricane, severe storms or earthquake, that have damaged or destroyed the associate's primary residence or have required the associate to evacuate their primary residence. The Fund cannot pay to repair other property and cannot pay to replace non-essential items, such as electronics or furnishings. *Photographs or insurance reports may be required.*

Life-Threatening or Serious Illness Or Injury: For the associate, spouse or domestic partner, and eligible dependent(s) who have medical incidents that require hospitalization or extensive time off work (more than 3 consecutive work days). In the case of COVID diagnosis, a hospitalization is required. The Fund is not a substitute for medical insurance and is not intended to cover insurance deductibles. Associates do not automatically qualify for a grant when they, or their dependents, are diagnosed with or suffer a life-threatening or serious illness or injury. There must be resulting financial need including an inability to pay basic living expenses. **IRS tax documentation may be required to verify dependent status.** *Doctor confirmation or medical documentation will be required.*

Death: This includes the death of the associate, spouse, domestic partner, or eligible dependent(s). The loss of income, cost of burial or funeral expenses, or resulting medical bills prevents an associate or the associate's family from affording basic living expenses. *Copy of the death certificate or obituary will be required.*

Catastrophic or Extreme Circumstances: This includes but is not limited to: fire, major home damage that could not be prevented, serious crime against the associate (robbery, arson, assault, domestic abuse, extreme vandalism), or another *reportable* incident beyond the associate's control that impacts the ability to afford basic needs. Catastrophic or extreme circumstances do **not** include: credit card debt, home foreclosure, wage garnishment, bankruptcy, child support payment, car repair, taxes, or accumulated financial distress. *Police, Fire or other official incident report may be required.*

SECTION B: INFORMATION ABOUT YOU

Associate Name & ID _____ ****Date of Hire**** _____

Permanent Address _____

City _____ State _____ Zip _____ County/Parish _____

Daytime Phone _____ Other Phone _____

Email Address _____

If you can not receive mail at your permanent home address due to the qualifying incident, please provide another mailing address:

Temporary Address _____

City _____ State _____ Zip _____

**Approval Notification will be sent to you by mail and email, so please provide a valid mailing and email address.

Have you applied for this program before? Yes No If YES, date applied _____

Associate Name (please print clearly) _____

SECTION B CONTINUED: INFORMATION ABOUT YOU

Marital Status Single Married Divorced/Separated Widowed

Family Members (Spouse/Dependents Only)	Relationship	Age

SECTION C: PERSONAL FINANCIAL STATEMENT

****Required:** Please attach copies of most recent pay stubs for each wage earner.

YOUR ASSETS

Cash (in hand or checking)	\$
Savings Account Balance	\$
Other accessible cash or investments (excluding IRA, 401K or other retirement assets)	\$
Real Estate	\$
Vehicles (car, boats, RVs)	\$
Total Assets	\$

YOUR MONTHLY LIVING EXPENSES

Rent or Mortgage	\$
Utilities	\$
Food	\$
Medical Expenses	\$
Car Loans	\$
Gas/Incidentals	\$
Other	\$
Total Monthly Expenses	\$

YOUR MONTHLY HOUSEHOLD INCOME

Your average monthly net (after deductions)	\$
Spouse/Partner's average monthly net income (after deductions)	\$
Child Support Income per month (self and/or spouse/partner)	\$
Social Security/Pension income per month (self and/or spouse/partner)	\$
Disability income per month (self or spouse/partner)	\$
Unemployment income per month (spouse/partner)	\$
Other income received monthly (please list):	\$
Total Monthly Income	\$

Additional documentation of income or expenses may be required to complete the application.

You will be notified by email and phone if such information is needed.

Associate Name (please print clearly) _____

SECTION D: DESCRIBE YOUR SITUATION

Which qualifying situation caused the financial hardship? (Read the descriptions on page 1 in Section A. **Circle the category below that best fits your situation.** Call or text your RK Cares Hardship Program Manager at 217-253-8939 with questions.)

Natural Disaster

Life-Threatening or Serious Illness or Injury

Death

Catastrophic or Extreme Circumstances

Date & Type of Incident: _____ Date of Disaster _____
(example: tornado, fire, type of injury, name of illness, domestic abuse) **(must be within past 60 days)**

Is the affected person covered by medical or disability insurance? _____ Have they applied for disability? _____

If your home was damaged, will insurance cover part of the cost? _____ Your deductible amount? _____

Describe the incident in detail. What happened? _____

SECTION E: APPROVAL

The RK Cares Hardship Program Relationship Manager will review your application and determine if you are approved, denied or if more information is needed to make a decision. If approved for assistance, a Vendor Payment Request Form will be sent to you via email and text (as provided on page 1 of this application). The Vendor Payment Request Form will include instructions on submitting copies of bills and supporting documentation for payments.

SECTION F: DECLARATIONS AND AGREEMENT

No associate is entitled to receive a grant, either by their employment, their history of contributions to the Fund or because of any precedent inferred from a previous grant from the Fund. Grants will not be made before an associate has demonstrated an immediate financial need and provided all required documentation.

This application will be treated in a confidential manner by Southeastern Illinois Community Foundation; however non-identifying statistical information will be reported to RK Administrative Services, LLC and RK Holdings, LLP on a periodic basis.

Associates are expected to provide truthful and accurate information. In its due diligence, if the Foundation discovers any information to be untrue, it shall have the right to unilaterally waive its confidentiality and report its findings to RK Holdings, LLP. The fiduciary expectations of all RK Administrative Services, LLC associates are paramount and a breach of these standards will be reported to RK Holdings, LLP.

Your signature below certifies that the information provided is true and complete, authorizes RK Associate Hardship Fund, administered by Southeastern Illinois Community Foundation, to obtain and/or verify all information necessary to process this application, and releases RK Administrative Services, LLC and RK Holdings, LLP and Southeastern Illinois Community Foundation from any liability associated with the rejection of or funding of this application. In addition, you agree to provide the requested documentation supporting the information provided.

Applicant's Signature _____ Date _____

Mail, fax or scan/email completed and signed application with requested documentation to:

**RK Associate Hardship Fund
PO Box 1211, Effingham, IL 62401
Phone/Text: 217-253-8939
Fax: 217-342-4995
hardship@enrichingourcommunity.org**