



Mission Statement

The Mission of Pay It Forward Foundation (PIFF) is to provide financial resources as a hand-up to productive members of the community who have fallen on difficult times; in exchange, recipients are asked to commit to at least three random acts of kindness in the spirit of Pay it Forward.

APPLICATION INSTRUCTIONS (For Your Records)

Eligibility

- Be a hard working individual and/or family and a productive member of the community
- Fallen on hard time through no fault of your own
- If granted assistance, agree to Pay It Forward with three random acts of kindness
- Be a resident of Northeast Ohio

Complete Application

- Sign and date application
- *Application will not be processed without signature(s) and date(s) of person receiving assistance.*

Submit Application and Documents

- The application is 3 pages and must be signed by the individuals to whom the assistance is for. You cannot submit the application on behalf of someone else.
- Fax to: 440-347-0100
- Email to: vetting@piffcleveland.org
- Mail to: Pay It Forward Foundation
30432 Euclid Avenue, Suite 208, Wickliffe OH 44092

What to Expect

- A Pay It Forward Foundation representative will contact you via phone to review your financial situation.
- The process involves your active participation.
- The Foundation is not a benefit or entitlement, but rather a not-for-profit foundation established to help hard working people in severe financial hardship.
- Not every individual/family who applies to Pay It Forward Foundation will qualify for monetary assistance.
- Assistance is meant to be a short-term hand-up.
- Information will be kept confidential except as required by law.
- The Foundation may decline any request for assistance at its sole and entire discretion.

E DESCRIPTION OF ASSISTANCE NEEDED

How can we help?

C FINANCIAL INFORMATION

List all income and financial assistance (attach additional page if necessary)

Income	Monthly Amount
Employment	
Employment	
Food Stamps	
Social Security	
Child Support	
Other:	
Other:	

List all expenses (attach additional page if necessary)

Expense	Monthly Amount	Past Due
Mortgage/Rent		
Gas Utility		
Electric Utility		
Phone		
Food		
Health Insurance		
Credit Cards		
Car/Car Insurance		
Medical Expenses		
Child Support		
Child Care		
Other:		
Other:		

F REFERENCES

Provide 3 character references. Contacts will be used to verify information; financial information will not be shared.

First Name	Last Name	Phone Number
First Name	Last Name	Phone Number
First Name	Last Name	Phone Number

G SIGNATURE(S)

To the best of my knowledge, the information on this application is complete and correct. By signing this application, I grant permission to The Pay It Forward Foundation (The Foundation) to make all inquiries it deems necessary, including, through a credit-reporting agency verifying the accuracy of the statements made on this application. The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the consultation process. If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide future assistance.

Signature of Applicant	Date (DD/MONTH/YYYY)
Signature of Spouse/Domestic Partner	Date (DD/MONTH/YYYY)

*Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the consultation process has been determined (or suspected). The Foundation may decline any request for assistance at its sole and entire discretion.

For Office Use Only:

Task	Date	Approved/Completed By:
Application Received		
Committee Assignment		
Approved Assistance		
Expense Paid:		
Expense Paid:		
Expense Paid:		
Expense Paid:		
Expense Paid:		

Application 2014-July-18