

**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 (All criteria must be met)**

* Be or recently have been a hard working individual and/or family and a productive member of the community
* Have 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**

* *Application will not be processed without signature(s) and date(s) of person receiving assistance.*
* Full complete application answering ALL questions on the form
* Sign and date application

**Submit Application and Documents**

* The application is 4 pages. You cannot submit the application on behalf of someone else.
* Fax to: 440-347-0100
* Email to: [vetting@piffcleveland.org](mailto: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.

**Request For Assistance Application**

**A APPLICANT INFORMATION**

First / Last Name Date of Application

Address City, State, Zip

Email Address Primary Phone/ Cell Phone

Have you ever been convicted of a felony? If so, please indicate the crime, date of conviction, nature of circumstances, state in which offense occurred and sentence (if any):

**B DEMOGRAPHICS INFORMATION**

**List all household members and financial dependents (attach additional page if necessary)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Age** | **In Household** | **Employed** |
|  |  |  | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No |
|  |  |  | Yes  No | Yes  No |

**C DESCRIPTION OF NEED**

**Provide a brief description of the circumstances that are leading you to seek assistance (attach additional page if necessary)**



**D DESCRIPTION OF ASSISTANCE NEEDED**

**How can we help?**

**E 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: |  |
| **Assets** | **Value** |
| Home |  |
| Auto |  |
| Savings |  |
| Checking |  |
| Retirement |  |
| Other: |  |



**List all expenses (attach additional page if necessary)**

|  |  |  |
| --- | --- | --- |
| **Expense** | **Monthly Amount** | **Past Due** |
| Mortgage/Rent |  |  |
| Gas Utility |  |  |
| Electric Utility |  |  |
| Cell Phone |  |  |
| Internet/Cable/Home Phone |  |  |
| Food |  |  |
| Health Insurance |  |  |
| Credit Cards |  |  |
| Car |  |  |
| Car Insurance |  |  |
| Medical Expenses |  |  |
| Child Support |  |  |
| Child Care |  |  |
| Other: |  |  |
| Other: |  |  |

**F Employment History – Please list Three most recent jobs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer Name/ Address** | **Employment Dates** | **Earnings** | **Reason for Leaving** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**G Please attach most current pay stub**

Attach pay stub here



**H REFERENCES**

**Provide 3 character references. References may not be a relative or previous PIFF assistance applicant. 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

**I 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 8-2015