

## The Lytle Foundation Application

**The Mission:** The Lytle Foundation serves to assist individuals and non-profit organizations with immediate, one-time financial support for education, housing, medical, transportation and bereavement needs.

**Assistance Payment:** The maximum grant amount available for assistance is \$500. The maximum award is not guaranteed and is based on a case by case situation. All payments are made directly to vendors as bill payments; no funds will be given directly to applicants.

### SECTION A: DO YOU QUALIFY

**Qualifications:** To qualify for assistance you must meet all five of the below requirements:

1. The requested need must not be for something that the community already provides a resource for such as American Red Cross, Salvation Army, local faith organizations, United Way, or other social services agency. Please list any agency that you have already contacted for assistance with this situation? \_\_\_\_\_
2. The qualifying incident must have occurred within the past 30 days.
3. The applicant has not received assistance from any resource for this incident within the last 12 months unless resources received from other agency did not fully cover the hardship request.
4. The Advisory Board must be able to vet the request.
5. Your request for assistance must fall within one of the five categories listed below:
  - Education
  - Housing
  - Medical
  - Transportation
  - Bereavement

### SECTION B: YOUR PERSONAL INFORMATION

Applicant Name (Please Print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ How long at current employer? \_\_\_\_\_

### SECTION C: EXPLAIN YOUR SITUATION

Date of Incident: \_\_\_\_\_

How many people live in your household? \_\_\_\_\_ Number of adults \_\_\_\_\_ Number of children \_\_\_\_\_

Describe your financial hardship in detail:

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### SECTION D: ASSISTANCE PAYMENTS

If the application is approved, payments will be made on your behalf to the vendor(s) you list. All assistance payments are made directly to vendors as bill payments; no assistance funds will be sent directly to the applicant. No reimbursements will be made to the applicant.

The applicant must provide the name of the vendor to be paid, the complete address, the account number or identifying information, amount due, and due date. For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc.). We cannot make payments without clear, complete information including full account numbers or other payment information, addresses and documentation. Omitting this information or copies of your bills will delay application review process.

Vendor/Biller Name \_\_\_\_\_

Complete Mailing Address for Payment \_\_\_\_\_

Basic Need Covered \_\_\_\_\_

Payment Amount & Due Date \_\_\_\_\_

Account Number or Identifying Information \_\_\_\_\_

#### SECTION E: DECLARATION AND AGREEMENTS

This application will be treated in a confidential manner by The Lytle Foundation. Applicants 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 waive its confidentiality and deny the application request.

Your signature below certifies that the information provided is true and complete and authorizes The Lytle Foundation to obtain and/or verify all information necessary to process this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email completed and signed application with requested documentation to: [thelytlefoundation@gmail.com](mailto:thelytlefoundation@gmail.com)