

Staples. | Cause for Caring

Direct Grant Application Prep Pack

Necessary information to complete a Staples Cause for Caring grant application.



Application Check List

This packet provides the information you will need to apply for a Staples Cause for Caring grant. It *is not* the grant application.

Staples, Inc. associates should use it as a guide for completing an application. Before submitting an application, associates must:

- Review the enclosed information.
- Complete the New Landlord or Temporary Housing Statement (if applicable).
- Gather supporting documentation relevant to your situation.
- Submit application online at www.StaplesCauseForCaring.org

Your application will not be considered complete until you have completed all the above steps.

ELIGIBILITY

Staples Cause for Caring will assist when there is an exhibited financial need. It is possible to have a qualifying event **and** a qualifying expense, but not meet the eligibility for a Cause for Caring grant because you have the financial means to pay the expense you are requesting from Staples Cause for Caring. Email Staples Cause for Caring at StaplesCauseForCaring@Staples.com with questions.

QUALIFYING EVENTS AND EXPENSES

Below is a chart listing the basic eligibility for a Staples Cause for Caring grant. This chart is a very reliable way of determining if your hardship qualifies for a Cause for Caring grant. It is important to remember that the circumstances below cover the associate, their spouse or domestic partner, or legal dependents **ONLY**. Parents, grandparents and siblings generally do not fall in this category. If your situation is not in this chart, then you most likely will not be able to receive assistance through the Staples Cause for Caring.

IMPORTANT NOTE ABOUT QUALIFYING EXPENSES: Federal law prohibits the Staples Cause for Caring from making any grants designed to replace or supplement Staples’ compensation or benefits to its associates. Due to this law, the Cause for Caring **CANNOT** provide grants to pay for medical expenses.

DOCUMENTATION

The list below shows basic document requirements based on the qualifying event. However, once we receive the application, additional information not included on this list may be required. Staples Cause for Caring will inform the applicant via email to request additional information.

Your prompt attention to the request for additional information is appreciated.

Qualifying Event	Qualifying Expense (Caused by Qualifying Event)	Required Documentation
<p>Illness or Injury To assist associates or immediate family member (spouse/domestic partner or dependents ONLY) who have encountered financial hardships for reasons beyond their control (illness, injury) with household expenses or travel expenses to appointments.</p>	<ul style="list-style-type: none"> • Past due rent or mortgage. • Past due basic utilities. • Travel expenses to attend appointments. <p><i>Note: Cause for Caring does not provide funding for medical bills.</i></p>	<ul style="list-style-type: none"> • Medical leave documentation or FMLA¹ form (if applicable). • Doctor’s note documenting dates associate was not able to work. • Itemized medical bill statement to prove illness/injury occurred. • Documentation of time off from work due to medical reasons. • Travel receipts to attend appointments.
<p>Death/Funeral Available to assist those who have incurred the loss of an associate or immediate family member (spouse/domestic partner, parent or dependents ONLY) if the associate is financially responsible for the arrangements. An</p>	<ul style="list-style-type: none"> • <u>Essential</u> funeral expenses for deceased family member. • Travel expenses to attend the funeral or to make funeral arrangements. • Past due rent or mortgage. • Past due basic utility bills. 	<ul style="list-style-type: none"> • Itemized funeral invoice or estimate • Proof of the death of relative (death certificate or obituary). • Transportation receipts showing cost and date of travel to funeral or travel to make arrangements. • Copy of past due bills.

<p>associate's spouse/domestic partner may apply for assistance in the event of an associate's death.</p>		
<p>Natural Disaster (hurricane, tornado, flood, ice/wind/snowstorm affecting the associate's primary residence). Associate's primary residence is severely damaged, destroyed or rendered unlivable by a localized natural disaster (fire, flood, tornado, mudslide, etc.) or federally/state declared natural disaster or terrorist attack, or associate is displaced from home and forced to pay for alternative housing.</p>	<ul style="list-style-type: none"> • Uninsured/Underinsured needed repairs to primary residence. • Security deposit to move into a new residence. • Emergency housing (if needed). • Past due rent or mortgage. • Past due basic utilities. • Food. • Necessary items lost due to event. 	<ul style="list-style-type: none"> • Insurance report of damages or current insurance declaration page. • Proof of deductible amount from insurance company. • Insurance decision (i.e., amount awarded by insurance, or denial of coverage). • Itemized contractor quote showing amount needed to make repairs to primary residence. • Fire report from local fire department or other proof of fire. • Statement from community organization assisting associate (i.e. American Red Cross, fire/police department, shelter, etc.). • Copy of past due bills or travel expenses.
<p>Unemployment Loss of a spouse's job or associate's second job due to a lay-off or company closure within the past 6-months. Staples jobs excluded.</p>	<ul style="list-style-type: none"> • Past due rent or mortgage. • Past due basic utilities. 	<ul style="list-style-type: none"> • Copy of the termination letter with date and reason of termination, or • Copy of paperwork form unemployment office, showing date and reason of separation. • Copy of past due bills.
<p>Homeless Associates in need of new housing due to:</p> <ul style="list-style-type: none"> • Rental unit/home condemned or deemed uninhabitable due to unsafe living conditions. • Unforeseen sale/foreclosure of a home rented from a private landlord and the associate is forced to find new residence with less than 30 days' notice (foreclosure of a home owned by the associate DOES NOT fit this 	<ul style="list-style-type: none"> • Security deposit to move into a new residence. • Past due rent or mortgage (if applicable). 	<ul style="list-style-type: none"> • New Landlord / Temporary Housing Statement. • Inspection report, or other documentation showing how the home is uninhabitable. • Associates requesting assistance as a result of the sale or foreclosure on their RENTED residence are REQUIRED to submit proof of the sale or foreclosure including: <ul style="list-style-type: none"> ○ Foreclosure notice from the landlord or owner of the rented property. ○ Documentation showing the property is for sale. ○ Current lease or proof of

circumstance).		address. ○ Eviction notice.
Domestic Abuse Associate is in unsafe home environment and is need of new housing.	<ul style="list-style-type: none"> • Security deposit to move into new residence. • Temporary housing if needed. 	<ul style="list-style-type: none"> • Police report or restraining order documenting the abuse. • New Landlord /Temporary Housing Statement. • Copy of past due bills.
Military Deployment Associate, immediate family member or spouse/domestic partner who has encountered financial hardships after being deployed.	<ul style="list-style-type: none"> • Rent or mortgage. • Other bills where assistance is needed. 	<ul style="list-style-type: none"> • Copy of deployment orders. • Copy of basic utility bills. • Copy of rent / mortgage statement.
COVID-19 Job Impact (Temporary) Associate or spouse who has been furloughed or received a reduction of hours due to coronavirus disease (COVID-19).	<ul style="list-style-type: none"> • Past due rent or mortgage. • Past due utility bills. 	<ul style="list-style-type: none"> • Copy of furlough/reduction of hours letter or snapshot. • Copy of unemployment benefit application status. • Copy of past due rent and utility bills. • Documentation of assistance from other sources.

¹ PLEASE NOTE: Staples Cause for Caring **does not** require details on diagnosis. We simply need to know that the associate is unable to work during a particular time frame as a result of their doctor's instruction.

All Applicants – Required Documentation

To ensure prompt processing of a Staples Cause for Caring grant, please gather the appropriate documents before submitting your application. The application is not complete until we have received **all** relevant supporting documentation.

Required documents:

- Copies of bills for which the associate is seeking assistance. For example:
 - Past due mortgage statement.
 - Past due rent letter from landlord or eviction notice.
 - Past due basic utilities (electric, gas, water/sewer and garbage).
- Proof of qualifying event causing the financial need. For example:
 - Doctor's note/leave documentation.
 - Fire/police report.
 - Layoff/separation notice.

Please note: Original documents must be provided wherever available. Other documentation may be required to complete the application. This list is in no way a comprehensive list of documents required.

New Landlord or Temporary Housing Statement

This form is required for all applications requesting assistance with moving into a new apartment/rental home or hotel/motel. Please have your potential landlord or apartment complex complete this form. You may also provide a similar statement on your landlord's letterhead with the appropriate information.

*Please print

Associate Information		
Associate Name:		
Associate ID:		
If requesting a hotel for temporary shelter, how long will you need the room?		
Apartment Complex Name or Landlord's Name:		
Apartment/Rental Home Address:		
Apartment Complex or Landlord's Phone Number:		
Anticipated Move-in Date:		
Associate Signature:		Date:
Apartment/Landlord Information (for permanent residence)		
Apartment <input type="radio"/> 1 Bedroom <input type="radio"/> 2 Bedrooms <input type="radio"/> 3 Bedrooms <input type="radio"/> 4+ Bedrooms	Rental House <input type="radio"/> 1 Bedroom <input type="radio"/> 2 Bedrooms <input type="radio"/> 3 Bedrooms <input type="radio"/> 4+ Bedrooms	Names on lease or other residents
Total Amount Needed to Occupy:		
Property Security Deposit:		
1 st Month's Rent:		
Pet Rent:		
Deposit Other:		
Deposit Total:		
Has the associate been approved to move into this property?	<input type="radio"/> Yes <input type="radio"/> No	
Has the apartment complex or landlord received the security deposit?	<input type="radio"/> Yes <input type="radio"/> No	
Apartment or landlord accepts:		
Please make check payable to:		
Landlord/complex manager's name:		
Landlord/Complex manager's signature:		Date:
Hotel/Motel Information (for temporary assistance)		
Hotel/Motel's Name:		
Hotel/Motel's Address:		
Daily Rate (\$):		
Weekly Rate (\$):		
31-Day Rate (\$):		
Hotel accepts (credit card is not an option):		
Hotel Manager's Name:		
Hotel Manager's Signature:		Date: