APPLICATION PROCEDURE

A Special Assistance grant is a one-time award (up to $1,000) to an individual (a P.E.O. or a Non-P.E.O., either female or male) who has a specific financial need. The award is to help someone with an unexpected one-time expense or to help with an on-going expense with the expectation that the applicant will be able to assume paying in the near future. Consider requests for financial assistance carefully. The aid must make a difference and not just stave off the inevitable for one or two more months. Contact the New Jersey CARES Chairman if you have any questions about eligibility.

A local chapter president, upon becoming acquainted with a need, will obtain an application form from the New Jersey CARES Committee Chairman or from the NJ State Chapter website (www.njpeo.org) consisting of the following:

1. **Sponsoring Chapter Information** - to be completed by sponsoring chapter.

Note: If applicant is a P.E.O., her name is not revealed, only her enrollment number. A letter from the chapter concerning the personal need of the applicant is requested with the chapter application. Please check the math on the application, it is the chapter’s job!

1. **Case History** - to be completed by applicant.
2. **Income and Expense Statement** - to be completed by applicant.

When the application has been properly completed, and its approval indicated by signatures of the Chapter President and Chapter Recording Secretary, one (1) copy of the application and all accompanying documents should be forwarded by the Chapter President to the state New Jersey CARES chairman. The application and supporting documents may also be emailed. **No chapter vote is required**.

The New Jersey CARES Committee requires that the applicant write a personal letter that addresses his/her needs and how this money will help with this one-time financial issue.

The New Jersey CARES committee chairman will forward a copy of the application and supporting documentation to each committee member and to the adviser. After careful review and a positive vote by the committee, the application along with the committee's recommendation, will be submitted to New Jersey State Chapter executive board for final approval. *Grants of less than $250 may be awarded directly by the New Jersey CARES committee.*

If final approval is given by the State executive board, the state treasurer will be authorized to ***make payment directly to the creditor to whom the debt is owed by the grant recipient***. The state treasurer will advise the New Jersey CARES Committee of the action taken.

There may circumstances which require that the payment be sent to the chapter president from whom the application was originally received, to see that it is disbursed properly. It will be at the discretion of the New Jersey CARES committee and the New Jersey State Chapter executive board whether or not to handle payment in this manner.

*\*\*****Refer to the current “Directory of State Officers and Committees****” (available on the NJ P.E.O. website or in the local chapter president’s supplies)* ***for the name & contact info*** *of the current NJ CARES State Chairman.*

SPONSORING CHAPTER INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| SPONSORING CHAPTER |  | CITY |  |
| President |  | Phone |  |
| Address | | | |
| Is applicant a P.E.O.? | Chapter | City | State |
| If applicant is not a P.E.O., who referred the applicant to P.E.O. for aid? Is she a P.E.O.? | | | |
| Name and address Chapter, City and State | | | |
| Is there any relationship between applicant and a member of P.E.O.? | | | |
|  | | | |
| Name Relationship Chapter, City and State | | | |
| President Dated | | | |

# FOR COMMITTEE USE ONLY

Recording Secretary Dated

|  |  |  |
| --- | --- | --- |
| Date Application received | Amount of Aid requested | $ |
| Date Application approved | Amount of Aid granted | $ |
| Date Application denied | Terms of loan, if any |  |

**Chairman of Committee** Dated

**Member of Committee**

**Member of Committee**

President, New Jersey State Chapter Dated

Keep application indefinitely in files of committee and president of state chapter.

CASE HISTORY

|  |  |  |
| --- | --- | --- |
| APPLICANT | Date: |  |
| Address | Date of Birth: |  |
| Marital Status: (Circle one) Single Married Divorced Widowed Health of Applicant: | | |
| Children Number | Ages: |  |
| Spouse’s Occupation: | Health of Spouse: |  |

Has applicant applied for aid from P.E.O. before?

When?

Which fund(s)? Amount of Aid Received: **$**

# ASSETS

Value

|  |  |
| --- | --- |
| Residence (if owned by Applicant) | $ |
| Other Real Property | |
| Bank Accounts | |
| Certificates of Deposit | |
| Pensions, I.R.A.’s, 401k’s | |
| Investments /Mutual Funds | |
| Stocks /Bonds | |
| Life Insurance | |
| Vehicles (specify) | |
| Other (specify) | |
|  |  |
| **TOTAL ASSETS** | $ |

**EMPLOYMENT** (State Type of Job) Full-time Part-time Permanent Temporary Present:

Past:

# ASSISTANCE REQUESTED

Amount of Aid requested $ Gift Loan Date Needed:

Proposed Use of Gift/Loan (State plans for use of funds, i.e., tuition, books, medical bills, etc.

Be specific and attach additional sheets if necessary.)

Applicant Signature:

Date:

# MONTHLY INCOME

INCOME AND EXPENSE STATEMENT

|  |  |  |
| --- | --- | --- |
| Salary: Applicant (Annual Salary) $ | ) | $ |
| Salary: Spouse (Annual Salary $ | ) |  |
| Scholarships and/or grants | | |
| Child Support | | |
| Alimony | | |
| Investments | | |
| ADC | | |
| Other (specify) | | |
|  |  |  |
|  | TOTAL MONTHLY INCOME | $ |

# MONTHLY EXPENSES

If Tenant:

|  |  |
| --- | --- |
| Rent | $ |
| Utilities (if not furnished) | |
| Renter’s Insurance | |
| If Homeowner: | |
| Mortgage payment (Total outstanding Balance $ | ) |
| Real Estate Taxes (if not included w/ mortgage payment) | |
| Homeowner Insurance (if not included w/ mortgage payment) | |
| Utilities | |
| Condo/Co-op Maintenance Charges | |
| Tenant or Homeowner: | |
| Food | |
| Clothing | |
| Telephone | |
| Credit Cards (Total outstanding balance $ | ) |
| Medical/Dental Bills (unreimbursed only) | |
| Medical/Dental Insurance | |
| Automobile payment | |
| Automobile Insurance | |
| Life Insurance | |
| Child Care Expenses | |
| Other (specify) | |
|  | |
| Education: | |
| Tuition | |
| Books & supplies | |
| Transportation | |
| Other (specify) | |

TOTAL MONTHLY EXPENSES $

Applicant Signature Dated