

Application for Financial Assistance from Local Love, Inc.

Local Love, Inc. is an Illinois non-profit corporation established for the purpose of conducting fundraisers to raise funds to help provide assistance to selected individuals/families that are deemed in need of support. The individuals/families for financial assistance are selected solely at the discretion of the Board of Local Love.

Your financial need requirements are determined from the information supplied by you, as well as any information gathered pursuant to your authorization. Should it be determined by the Board that any information supplied by you in connection with this Application for Financial Assistance not be true and correct in all material respects, the Board reserves the right to withdraw and/or discontinue any further financial assistance to the individual/family from and after the date of such determination. For purposes hereof, any determination by the Board shall be final and binding upon the individual, family, successors, heirs and or assigns. Through the fundraising activities sponsored by Local Love, money will be collected and allocated to the selected individual/family candidates in the sole discretion of the Board.

Part I

Terms and Conditions for Receipt of Financial Aid

Local Love, Inc. intends to sponsor Bowl-a-thons, Silent Auctions, 5K Walk/Runs and other fundraising events. Upon the terms and conditions determined by the Board from time to time, the money raised at each event will be allocated to the individuals/families selected by the Board, in the Board's sole and absolute discretion.

To apply for financial assistance, this Application for Financial Assistance, together with the related documents (collectively, the "Application"), must be completed in full and signed by the candidate. By and through the execution of the Application, the signators shall be deemed to have represented and warranted that the Application is true, correct and complete in all material respects.

Upon the determination by the Board that a family/individual will receive financial assistance, they will receive notification of such determination. The actual amount of financial assistance is a function of the funds generated at the fundraising event(s). The Board reserves the right to change, limit, and /or redirect the amount of financial assistance allocated to any family/individual, should the financial need of the family/individual change (or no longer exist) as determined by the Board in its sole and absolute discretion. It is the responsibility of the family/individual to notify the Board of any change in the individual's financial status or of his or her family. It is expressly understood that failure to promptly notify the Board of any financial changes may cause the Board to change, limit, redirect, and/or terminate any financial assistance.

Upon the determination by the Board that either financial assistance is no longer needed, or that the financial situation has changes so as to limit the amount of financial assistance required, the Board may modify the amount of financial assistance remaining to be paid, so that such financial assistance may be reallocated to another family/individual. By signing the Application, the undersigned forever waives any and all rights to any financial assistance should it be determined that financial assistance is no longer needed or that the financial situation has changed so as to limit the amount of financial assistance

required. All determinations by the Board shall be final and binding upon all parties.

If the candidate is selected to receive financial assistance, the undersigned promises to abide to the terms and conditions of the Application. Failure to adhere to the terms and conditions of the Application in whole or in part will create the right in the Board to change, limit, redirect and/or terminate the financial assistance. By and through the execution of the Application, the undersigned confirms that he/she/they have read and understand the foregoing terms and conditions for the Receipt of Financial Aid; and, the undersigned agrees to be bound hereby.

Dated this _____ day of _____, 20_____.

Candidate

Part II Family or Individual Data

Candidate's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____

Cellphone: _____ Email: _____

Additional Contacts: _____

Names of family members:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Marital Status: Married: _____ Divorced: _____ Separated: _____ Single: _____

If divorced, separated or never married, do you receive child support? Yes _____ No _____

If yes, how much do you receive monthly? _____

Employment Status

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Full or Part-time: _____

Annual Salary (Gross): _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Full or Part-time: _____

Annual Salary (Gross): _____

Are you hourly or receive annual salary? _____

Financial Status

Annual Household Income (NET): _____

Annual Household Expenses (Please list): _____

Do you receive public aid and/or assistance: Yes ___ No ___

If yes, please provide specific information: _____

Monthly Financial Commitments

Mortgage and/or monthly rent: _____

Do you rent, or do you own a house/condo: _____

Car Payment: _____ Type of Automobile: _____

Car Payment: _____ Type of Automobile: _____

Monthly Utility Payments:

Company:

Payment Amount:

Total Outstanding Credit Card Debt:

Name of Credit Card:

Total Amount Due:

Monthly Payment:

_____	_____	_____
_____	_____	_____

Other Outstanding Debts:

Name of Institution: **Total Amount Due:** **Monthly Payment:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank Information

Institution Name: _____

Name(s) on Account(s): _____

Account Type(s)	Balance(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Part III

Authorization to Collect and Disclosure Financial Information

By voluntarily signing this document, the undersigned grants permission to the Board of Local Love and the Members of Local Love to use or disclose any financial information provided by the undersigned. In addition, by voluntarily signing this document, the undersigned hereby grants permission to the Board to acquire the credit history of the undersigned in connection with the Application for Financial Assistance from Local Love filed by the undersigned.

Local Love understands that you may be concerned that your financial information remain private. Nevertheless, Local Love will collect non-public personal information about the candidate with our Application for Financial Assistance. Local Love intends to collect only the non-public information that is provided it by you or that is obtained by Local Love with your authorization and consent. The Board and the Members will not disclose any personal information about the applications to anyone, except as permitted by law. The Board and the Members will retain physical and procedural safeguards in order to protect the confidentiality of your non-public information.

The Board and the Members will review the requested financial information and credit history. The financial information requested of the applicant, includes, but is not limited to, annual household income, annual expenses, and or other donations, gifts or financial support available to the candidate. Local Love will review and evaluate the submitted financial information and at its sole discretion, will select the individual/families who are to receive financial assistance.

By signing this document, you agree to allow the Board and the Members to view and evaluate the requested financial information and credit history pertinent to your application for Financial Assistance.

You do not have to sign this Authorization, but if you do not, you understand that you may not receive any financial assistance from Local Love.

If you decide to revoke your Authorization, you must do so in writing. Please submit your revocation to Local Love at locallovehelps@gmail.com. Upon receipt of your revocation of the Authorization, the Board and Members will not collect any additional information that identifies that candidate, but they may retain any information you have provided to the date of such revocation. The Board is hereby authorized to notify the Members of the revocation of your Authorization.

Candidate's Signature

