

HILLMAN CARES, INC.

Hardship Grant Application Form

Please complete this form and email it to:

Email: HillmanCares@hillmangroup.com

OR

Via Mail: The Hillman Group
1280 Kemper Meadow Dr.
Forest Park, OH 45240
ATTN: Hillman Cares, Inc.

Please complete each item and provide supporting documentation where applicable. Attach additional sheets where necessary. PLEASE PRINT CLEARLY.

Personal Information About the Applicant:

Full Name (Employee): _____
(Please print)

Employee ID: _____

Date of Hire: _____

Position: _____

Work Location/Address: _____

Home Address: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____

Household Status (check one): Renter

Homeowner

Director level and above and/or employees with less than one (1) year of service at Hillman are not eligible to receive assistance.



Please provide a detailed description of the estimated cost of damages to property and/or basic living needs that are unmet (food, clothing, shelter). Note that Hillman Cares, Inc. will not reimburse insurance deductibles or any medical or dental related claim, such as expenses incurred for the treatment of any medical or dental condition:

Do you have homeowner's, rental, flood or other insurance coverage, or other sources of income (including assistance from other organizations) to cover any of the expenses and damages described above? *(please circle appropriate response)*

Yes No

If yes, please specify which coverage applies and the amount of funding available. (attach additional sheets if more space is needed):

Signature

I hereby certify that the information contained in this application is true, correct and complete, and that I am requesting assistance only for amounts that are not reimbursable from insurance or any other sources. I consent to the use of my personal information, and that of my dependents, by authorized persons affiliated with Hillman Cares, Inc., to review this grant application (including supporting materials) and to process grant payments where applicable. Employees must be active on payroll at the time of payout.

Please carefully review this form in its' entirety. Incomplete and/or incorrect information could cause a delay in processing.

Applicant's Name (please print) _____

Applicant's Signature _____

Date _____

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