**APPLICATION PROCEDURE**

A Special Assistance grant is a one-time award (up to $1,500) 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: 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

PRESIDENT PHONE

EMAIL

Is applicant a P.E.O. Chapter

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **President:** | Date: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  | **Recording Secretary:** | Date: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR NJ CARES COMMITTEE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Application received |  | Amount of Aid Requested | $ |
| Date Application approved |  | Amount aid granted | $ |
| Date Application denied |  |  |  |

**Chairman of Committee** Dated

**Members of Committee**

President, New Jersey State Chapter Dated

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

**CASE HISTORY**

APPLICANT DATE

DATE OF BIRTH Address Marital Status (circle one): Single Married Divorced Widowed

Children’s names and ages:

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

ASSETS

Value

Checking and Savings Bank Totals $

Vehicles (make and year)

Other Assets

EMPLOYMENT (State type of Job) Full-time Part-time Permanent Temporary

Present

Total Monthly Income: $

ASSISTANCE REQUESTED

Amount of Aid requested $ Grant Date Needed

Proposed Use of Grant: (State plans for use of funds, i.e., tuition, books, medical bills, etc.

Be specific and attach additional information if necessary.)

Applicant’s Signature

Date

**INCOME AND EXPENSE STATEMENT**

**MONTHLY INCOME:**

Salary: Applicant (Annual Salary) $ )

Salary: Spouse (Annual Salary) $ ) $

|  |  |  |  |
| --- | --- | --- | --- |
| Scholarships/grants/loans |  |  | $ |
| Child Support |  |  | $ |
| Alimony |  |  | $ |
| Government Subsidy |  |  | $ |
| Other (specify) |  |  | $ |

**MONTHLY EXPENSES:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | If Tenant: |  | |
|  | Rent | | $ |
|  | Utilities (if not included) | | $ |

If Homeowner:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Mortgage payment | $ |
|  |  | Real Estate Taxes (not included w/mortgage) | $ |
|  |  | Utilities | $ |
|  |  | Condo/Co-op Maintenance Charges | $ |

Tenant or Homeowner:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Food | $ |
|  |  | Clothing | $ |
|  |  | Telephone | $ |
|  |  | Credit Cards (Total outstanding balance) | $ |
|  |  | Medical/Dental bills (unreimbursed) | $ |
|  |  | Automobile payment | $ |
|  |  | Child Care Expenses | $ |
|  |  | Other (specify) | $ |

Education:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Tuition | $ |
|  |  | Books & supplies | $ |
|  |  | Transportation | $ |
|  |  | Other (specify) | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  | Applicant’s Signature | Date |