



COALTER

# Good Samaritan Project

## Hardship Assistance Application

This application is for employees facing a genuine hardship involving basic needs such as housing, utilities, food, transportation, or a medical/family crisis. Assistance is not guaranteed and is subject to review and approval. Fields marked \* are required.

### Before you begin:

Please start this request with your General Manager, who should confirm your basic eligibility before submitting. Employees must have worked for the company at least 12 months and be regularly working scheduled shifts.

### EMPLOYEE INFORMATION

First name \*

Last name \*

Employee ID / POS number

Date of hire \*

Phone number \*

Email address

Store / location \*

Position / role \*

### TYPE OF ASSISTANCE REQUESTED

What kind of assistance are you seeking? \*

- Non-interest loan       Community resource referral       Counseling / guidance
- Unsure — please advise

If assistance is provided as a non-interest loan, you will be required to complete a budget review, sign all required loan documents before funds are issued and complete a financial literacy course within 30 days after funds are issued.

### NATURE OF HARDSHIP

Category of hardship \*

- Housing (rent, eviction notice, mortgage)
- Utilities (disconnection notice, past-due bill)
- Food / basic necessities
- Transportation (car repair, insurance lapse)
- Medical / family crisis
- Other urgent situation (describe below)

Describe your situation \*

## DOCUMENTATION

Supporting documentation strengthens your request. Examples: rent notice, utility bill, eviction notice, car repair estimate, medical bill. Lack of documentation may delay or prevent assistance.

Documents you are able to provide \*

- Rent or mortgage notice / eviction notice
- Utility disconnection notice or past-due bill
- Car repair estimate or bill
- Medical bill or statement
- Other documentation (describe below)
- I do not currently have documentation (explain below)

Documentation notes

## SELF-CERTIFICATION

Please confirm each of the following \*

- I have worked for the company for at least 12 months.
- I am currently working my regularly scheduled shifts.
- I have completed all required HUB or employer-required training.
- I have spoken with my General Manager about this request.
- I am not requesting assistance for credit card debt, payday loans, or non-essential purchases.
- I am willing to engage with outside resources if referred.

## EMPLOYEE ATTESTATION

By signing below, I confirm that the information provided is truthful and accurate to the best of my knowledge. I understand that assistance is not guaranteed and is subject to review and approval by the program director. Providing false information may result in denial and/or disciplinary action. If a loan is approved, I agree to complete all required documentation and the financial literacy course within 30 days after funds are issued.

Employee signature (type full legal name) \*

Date \*

## GENERAL MANAGER — TO BE COMPLETED BEFORE SUBMISSION

GM name \*

GM phone / email \*

Eligibility confirmed \*

Yes — employee meets basic eligibility

No — see notes

GM notes / context

GM signature (type full legal name) \*

Date \*