



GUIDELINES AND APPLICATION FOR ASSISTANCE

GUIDELINES

Making Lives Better with Alorica ("MLBA") is a non-profit 501(c)(3) organization dedicated to providing assistance to Alorica employees, their families and the people, organizations and communities who support them.

In order to be eligible for assistance from MLBA:

- You must certify and demonstrate that you have an immediate and heavy financial need requiring assistance.
- You must certify that you have no other source of funds to pay for this financial need, including but not limited to, any insurance funds, 401k plans or any other retirement plans and assistance from family/friends.
- It is recommended that you be a current Alorica employee OR have a sponsor who is an Alorica employee. If you have a sponsor, please provide a written recommendation.
- You must not have had more than one grant from MLBA within a calendar year (Jan-Dec).
- If you are requesting over \$1,000, the grant will be escalated to the MLBA Executive Board for review and approval.

If you are an individual requesting financial assistance, you must provide the following evidence to demonstrate one of the following hardship requirements:

- 1) Unpaid medical expenses for self, spouse or qualified dependent. The medical expenses must not be covered by insurance and you must demonstrate a plan to payoff these expenses.

Appropriate documentation includes:

- *Copies of medical bills (dated within the last 60 days)*
- *Most Recent Bank Statements- Checking and/or Savings Account(s)*
- *Most Recent Credit Card Statements*
- *Explanation of Benefits (EOB) documents from the insurance company (if any). Insurance documents/statements should include patient name, service dates and insurance payment information.*

- 2) Prevent eviction from principal residence.

Appropriate documentation includes:

- *Copy of the eviction notice (the eviction notice must clearly indicate that legal proceedings for eviction are imminent, have already begun, or will commence within a specified timeframe if payment is not made by a specified date.)*
- *Statement signed by the applicant that this home is his/her principal residence.*
- *Most Recent Bank Statements- Checking and/or Savings Account(s)*
- *Most Recent Credit Card Statements*

- 3) Funeral or burial expenses for deceased parent, spouse, child or qualified dependent.

Appropriate documents includes:

- *Copies of funeral home and cemetery bills/estimates.*
- *Most Recent Bank Statements- Checking and/or Savings Account(s)*
- *Most Recent Credit Card Statements*

- 4) Expenses to repair damage to principal residence to a livable condition.

Appropriate documentation includes:

- *Copies of bill(s) or estimate(s) for the repair(s)*
- *Most Recent Bank Statements- Checking and/or Savings Account(s)*
- *Most Recent Credit Card Statements*

- 5) For organizations requesting financial assistance:

- *Proof of registration as an approved 501(c)(3) organization; specifically, IRS approved Determination Letter*

- 6) Any other hardship due to unexpected, unforeseen circumstances not within the applicant's control as determined solely in the discretion of MLBA.

APPLICATION

APPLICANT NAME	Employee # (if applicable)
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Alorica Site Employed (if applicable)	Email Address
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MAILING ADDRESS	CITY	STATE	ZIP
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DAYTIME PHONE NUMBER	EVENING	PHONE	NUMBER
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ALORICA SPONSOR (if applicable)	EMAIL /CONTACT NO.
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REASON FOR HARDSHIP REQUEST

I hereby request assistance in accordance with the MLBA Application for Assistance Guidelines. I am an Alorica employee or have attached a written recommendation from my Alorica sponsor and the appropriate documentation as proof for my assistance request.

Please explain your situation and specify what the funds will be used for: (If it is an immediate family member who is ill or injured, please note the relationship of the person to you)

Attach additional pages if necessary.

Please explain what steps you have taken to resolve the issue as well as steps to ensure that the issue will not continue?

Attach additional pages if necessary.

Have you received an MLBA grant before? Yes [] No [] If so when? _____

Please note that MLBA guidelines permit only one grant per individual within a calendar year (Jan-Dec).

Amount Requested \$ _____

Date Funds are Needed _____

Payee Contact Information:

Name: _____

Address: _____

Phone #: _____

***Please note if approved MLBA will only pay third party vendors directly for individual grants and not the individual grantees themselves unless approved by the MLBA Executive Board.**

***By initializing the following box, you agree to grant MLBA access to privileged personal information related to this application; including, but not limited to bank records, medical records, etc. You therefore permit MLBA to contact and communicate with third party vendors and other persons/organizations to discuss and attain information related to your hardship claim. This information will be used ONLY in relation to your application and will otherwise be held in full confidentiality by MLBA staff and chapter board members.**

PARTICIPANT CERTIFICATION, ACKNOWLEDGMENT AND AGREEMENT

I certify that the information and supporting documentation that I have provided is complete and accurate. I have read and agree to the MLBA Application for Assistance Guidelines. I certify that if funds are requested, the amount of distribution requested above is not in excess of the amount necessary to satisfy the financial need described above, and that I have previously obtained all distributions and non-taxable loans available to me. I have exhausted all of my resources. I agree to provide the MLBA Administrator with evidence of the existence of the financial need and the amount necessary and other documentation requested to satisfy such need upon request.

I understand that the MLBA Chapter Board (if any) and/or the MLBA Executive Board will review my application and will determine whether I qualify for the amount requested. I understand that failure to provide complete and accurate information may disqualify me from receiving any funding.

Applicant's Signature

Date

Please complete, sign, date and return this form to your local chapter board or to the MLBA (Making Lives Better With Alorica) Program Administrator – Fax 949-527-4849 or email programadmin@livesbetter.org