



APPLICATION FOR ASSISTANCE GUIDELINES

Making Lives Better with Alorica Canada Association (“MLBA”) is a nonprofit 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 immediate assistance.
- You must certify that you have no other source of funds to pay for this financial need, including but not limited to, any company or government insurance funds, retirement plans or any other assistance from family/friends.
- It is recommended that you be a current Alorica employee OR have a sponsor who is an Alorica employee. Your sponsor must provide a written recommendation.
- You must not have had more than one grant from MLBA within a calendar year from January through December of that year.
- If you are requesting over \$1,000 (CAD), the grant will be escalated to the MLBA Executive Board for review and approval.

If you are an individual requesting financial assistance, you must 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 company or government 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- Chequing 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- Chequing and/or Savings Account(s)*
- *Most Recent Credit Card Statements*

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

Appropriate documentation includes:

- *Copies of funeral home and cemetery bills/estimates.*
 - *Most Recent Bank Statements- Chequing 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- Chequing and/or Savings Account(s)*
 - *Most Recent Credit Card Statements*
- 5) For organizations requesting financial assistance:
- *Proof of registration as an approved charity or nonprofit organization.*
- 6) Any other hardship due to unexpected, unforeseen circumstances not within the applicant's control as determined solely in the discretion of MLBA.

MAKING LIVES BETTER WITH ALORICA

APPLICATION FOR ASSISTANCE

APPLICANT NAME		Employee # (if applicable)	
Alorica Site Employed (if applicable)		Email Address	
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	

Please read the following important information carefully before completing this form:

- You must certify and demonstrate that you have an immediate and heavy financial need that necessitates assistance.
- You must certify that you have no other source of funds to cover this hardship expense/financial need.
- It is recommended that you be a current Alorica employee OR have a sponsor who is an Alorica employee. Your sponsor must provide a written recommendation.

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)

Please 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?

Please attach additional pages if necessary

Please attach documentation to support your request. The list below provides information on appropriate documentation for each potential case:

- 1) Unpaid medical expenses for self, spouse or qualified dependent and do not have company or government insurance that pays for such expenses. The individual must demonstrate a plan to payoff such medical expenses which MLBA may assist in.

Appropriate documentation includes:

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

- 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- Chequing and/or Savings Account(s)*
 - *Most Recent Credit Card Statements*
- 3) Funeral or burial expenses for deceased parent, spouse, child or qualified dependent.
Appropriate documentation includes:
- *Copies of funeral home and cemetery bills/estimates.*
 - *Most Recent Bank Statements- Chequing 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- Chequing and/or Savings Account(s)*
 - *Most Recent Credit Card Statements*
- 5) For organizations requesting financial assistance:
- *Proof of registration as an approved charity or nonprofit organization.*
- 6) Any other hardship due to unexpected, unforeseen circumstances not within the applicant's control as determined solely in the discretion of MLBA.

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

Please note that MLBA guidelines state that no more than one grant will be given to any one individual in any one calendar year from January through December of that year.

Amount Requested \$ _____

Date Funds are Needed _____

Payee Contact Information:

Name: _____

Address: _____

Phone #: _____

***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 initialing the following box, you agree to grant MLBA access to privileged personal information related to this application. You therefore permit MLBA to contact and communicate with third party vendors and other persons/organizations to verify the hardship claimed. 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 – Email programadmin@livesbetter.org

Administrator Checklist: Sponsor Recommendation if applicable____ Supporting
Documentation____ Chapter Approval____ Executive Board Approval if required____

Amount Approved by Local Chapter Board \$_____(CAD)