



GUIDELINES AND APPLICATION FOR ASSISTANCE FOR INDIVIDUALS

GUIDELINES

Making Lives Better with Alorica (“MLBA”) is a non-profit 501©3 organization dedicated to aiding Alorica employees, their families and the people, organizations and communities who support them.

Eligibility Requirements for assistance from MLBA:

- You must certify and demonstrate that you have an immediate and significant 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, savings, insurance funds, 401k plans or any other retirement plans, federal or local assistance programs and family/friends.
- No more than one grant per calendar year can be issued per household.

Types of assistance offered by MLBA and documentation that may be requested to support your request:

All individual applicants will be required to provide the following financial data:

- Checking/savings statements — most current 30-day statement, as well as current month-to-date activity
- Credit card statements – Most current billing statements
- Information on any financial support you receive including employment income, child support, government financial assistance, any other that apply.
- Monthly budget statement showing your regular monthly household bills & income

1) HOMELESS PREVENTION

- **Imminent Risk of Homelessness;** including eviction prevention, obtaining new primary residence and domestic violence situations.
 - *Definition:* Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
 - *Mortgage payments do not qualify.*
- **Temporary Housing;** Assistance for homeless persons in line with Federal Emergency Management Agency (“FEMA”) approved shelters: <http://www.femaevachotels.com/index.php>
 - *Definition:* Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs.
- **Utilities Assistance;** electric, water, natural gas. (*Cellphone, cable, and internet are not allowed*)

Appropriate documentation may include:

- *Copy of the eviction notice, landlord 3-5 day “notice to pay or quit”, evidence of lease*
- *Statement of charges from Hotel/Motel*
- *Utility bills/cut-off notices – must be current billing not more than 30 days old*

2) MEDICAL EXPENSES

- Unpaid medical expenses for self, spouse, child or qualified dependent; including, hospital, pharmacy and urgent care needs. (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)*
- *Explanation of Benefits (EOB) documents from the insurance company (if any). Insurance documents/statements should include patient name, service dates and insurance payment information.*

3) FUNERAL EXPENSES

- Funeral/Cremation/Burial Expenses/Travel expenses to services: for deceased parent, spouse, child or qualified dependent.

Appropriate documentation includes:

- *Copies of funeral home and cemetery bills/estimates.*
- *Transportation expense quotes*

4) TRANSPORTATION

- Mass/Public Transportation pass for up to Thirty (30) days.

5) OTHER/EXCEPTION

- Any other hardship due to unexpected, unforeseen circumstances not within the applicant’s control as determined solely at the discretion of MLBA Executive Board.

MAKING LIVES BETTER WITH ALORICA
APPLICATION FOR ASSISTANCE

APPLICANT FULL NAME

ALORICA WORK LOCATION (IF APPLICABLE)

MAILING ADDRESS - LINE 1

EMPLOYEE ID (IF APPLICABLE)

MAILING ADDRESS - LINE 2

APPLICANT DAYTIME PHONE NUMBER

MAILING ADDRESS - CITY/VILLAGE/PROVINCE

APPLICANT EVENING PHONE NUMBER

MAILING ADDRESS - STATE/COUNTRY/ZIPCODE

ALORICA SPONSOR (NON-ALORICA EMPLOYEE ONLY)

APPLICANT EMAIL ADDRESS

SPONSOR EMAIL/CONTACT NUMBER

TYPE OF ASSISTANCE YOU ARE REQUESTING (CHECK ALL THAT APPLY)

Homeless Prevention

Utilities

Medical

Funeral

Public Transportation

Other/Exception

DESCRIBE YOUR CURRENT FINANCIAL HARDSHIP

Please explain your current financial situation in detail. What are the funds needed for? What caused you to be unable to meet this financial obligation? What other resources have you contacted for assistance? What is your plan to prevent this financial shortage in the future?

Use back of application to continue if needed. (online this will be limited to 2000 characters with a countdown on remaining characters)

Total Amount Requested \$ _____

Date Funds are Needed: _____

Payee Contact Information: (MLBA will only pay third party vendors, not the applicant directly)

This should be the name and contact information for the company/person(s) to issue payment to, if your grant request is approved. **(Examples: Name of electric company, utility company, landlord, funeral home, etc.)**

PAYEE NAME

PAYEE PHONE NUMBER

PAYEE MAILING ADDRESS (IF WE ARE MAILING PAYMENT)

PAYEE NAME

PAYEE PHONE NUMBER

PAYEE MAILING ADDRESS (IF WE ARE MAILING PAYMENT)

Have you or anyone in your household received an MLBA grant before? YES NO If yes, when? _____

***Please note that MLBA guidelines state that no more than one grant per calendar year can be issued per household.**

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 loans available to me. I have viewed my Chapter's resource list (if one is provided by my Chapter) and 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.

By signing below, I agree to provide MLBA access to privileged personal information related to this application; including, but not limited to bank records, medical records, etc. and therefore permit MLBA to contact and communicate with third party vendors and other persons/organizations to discuss and attain information related to my hardship claim. This information will be used ONLY in relation to my application and will otherwise be held in full confidentiality by MLBA staff and Chapter board members.

By signing below, I understand that the MLBA Chapter Board and/or the MLBA Executive Board will review my application and will determine whether I qualify for the amount requested. I understand that MLBA is not a subsidiary or owned by Alorica and I do not have to be an Alorica employee to qualify for a grant and if I am an Alorica Employee, my employment tenure, performance or status has no bearing and will not be considered as part of the review process by MLBA for eligibility. I understand that failure to provide complete and accurate information may disqualify me from receiving any funding.

Applicant's Signature

Date

Please return your completed form to your local Chapter board or to the MLBA (Making Lives Better with Alorica) Program Administrator at programadmin@livesbetter.org

Administrator Checklist:

Sponsor Recommendation (if applicable) _____ Supporting Documentation _____ Chapter Approval _____

Executive Board Approval (if required) _____ Amount Approved by Local Chapter Board \$ _____