



# REQUEST FOR HARDSHIP FUNDING

Fill this form out completely.

Occupation / position title: \_\_\_\_\_ Date: \_\_\_\_\_

## Qualifying factors and conditions:

Hardship funding is mainly for important basic needs such as food, shelter, clothing, childcare assistance, and transportation. Clients should only request hardship funding when there is an emergency need and all other resources have been exhausted. Hardship funding should never be the clients first choice in seeking assistance. These funds are not considered loans, as clients will not be in any debt with T.I.E Elite Network, LLC. These funds are for EMERGENCIES ONLY. Hardship funding is not given in the form of direct cash. Hardship funding is ONLY used to cover any past due amounts that do not exceed the annual use of total hardship funding allotted to each individual client. It is the clients responsibility to contact their utility company or housing management to work out any further payment arrangements and agreements.

Clients seeking assistance for hardship funding **must be active with no lapse in membership for at least 6 months for utilities and 12 months for larger requests** such as rent, mortgages, car notes, etc. **Funding will not exceed up to \$500 per year in utilities and up to \$1000 per year in larger bills. Rare exceptions are made at the discretion of T.I.E Elite Network, LLC., but these exceptions are NOT GUARENTEED!**

Reason for Funding: \_\_\_\_\_

Amount of Funding Needed: \_\_\_\_\_

Have you requested hardship funds before: \_\_\_\_\_ If so, when? \_\_\_\_\_ Why? \_\_\_\_\_

How much was your last request? \_\_\_\_\_

## SECTION I: GENERAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Prefix: \_\_\_\_\_

Service Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**If the address on the bill is different from the address above, please provide the relevant address below:**

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SECTION II: BILL PAYMENT INFORMATION

Company / Landlord Name: \_\_\_\_\_

Company / Bill Pay Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account Number / Reference Number: \_\_\_\_\_

Phone Number associated with the account: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last four of social associated with the account: \_\_\_\_\_

**If this is an account with the verification of the full social is needed, please list your full social security number here.**

Note: If this is a landlord and payments can be made using ZELLE QuickPay, please provide the ZELLE info below:

Receiver's Name: \_\_\_\_\_

Receiver's Phone Number: \_\_\_\_\_

Receiver's Email: \_\_\_\_\_

## SECTION III: AGREEMENT

Check below if you agree and accept the following:

- I understand that I am requesting these fund out of good faith.
- I understand that if I am approved, T.I.E Elite Network, LLC. will agree to pay the requested amount, not to exceed the overdue amount according to the final notice.  
**(no greater than \$500 annual for utilities and \$1000 annual for larger bills)**
- I understand that I am responsible for scheduling further payment arrangements
- I understand that due to limited amounts of funding, all financial request are not guaranteed and should be used as a last resort.
- I understand I must submit an official bill along with this RFF Application.
- I understand T.I.E Elite Network, LLC. may need to conduct a 3-way call with myself and the debtor in order to satisfy payment of the overdue balance.

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_