

**IH Cares Assistance Application**

**General Guidelines:**

* Grants will range in the amount of $500 to $2,000. The Committee will consider higher amounts depending on extenuating circumstances and with proper documentation.
* Employees may apply for up to two (2) grants per rolling 12-month period, up to the maximum grant dollar amount ($2,000).
* Associates must be employed with the company for at least 90 days to be eligible for a grant.
* Any requests for assistance must be made within 45 days of a qualifying event.
* Decisions will generally be made within 10 business days of receipt of a **completed application** (inclusive of all supporting documentation).

**How to Apply:**

* **ONLINE TEAMS FORM**
  + <https://forms.office.com/Pages/ResponsePage.aspx?id=Z_T-qlrmtkmRA9yrtAIKFHR5oKUNtzRKrsd8s4GX4sVURUREN1lXNlpJOVk3S0pCTU5OSVREV0pHUi4u>
* **QR CODE**



* **EMAIL**
  + Send completed application and supporting documentation to [IHCares@IH-Corp.com.](mailto:IHCares@IH-Corp.com)
* **PHYSICAL MAIL**

IH Cares Inc

c/o Island Hospitality Management LLC

222 Lakeview Ave., Suite 200

West Palm Beach, FL 33401

Please note:

1. You may be contacted to review the application or asked to provide additional information.
2. You will be notified by IH Cares Inc. of approval or denial within 10 business days after the completed application is received. Notification is via email or US Postal Service.
3. If your application is approved, the assistance will be sent to the address you provided on the application.
4. All applications are confidential.

**Note**: Only completed applications will be considered for assistance. If your application is incomplete, it will not be reviewed.

**IH Cares Assistance Application**

Submit this completed application along with the following documentation:

* Evidence of your qualifying event
* Proof of expenditures and that you are the responsible party

1. Have you read and understand the guidelines?:

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2. Full Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Application Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Work Location/Hotel Name:

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5. Position:

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6. Hire Date:

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7. Email:

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8. Home Address (include city, state, and zip code):

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9. Phone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Qualifying Event Date (application must be submitted within 45 days of the qualifying event):

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11. Provide a description of the qualifying event and the expenses related to it:

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12. Have you missed work due to this qualifying event? If yes, give the dates of missed work:

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13. If you have missed work due to this qualifying event, have you been paid for the time missed?:

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14. Do you have an insurance policy that covers the qualifying event? If so, what's the deductible?:

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15. What is the amount of assistance you are requesting? Please be specific. (Please review the guidelines to see the maximum benefit per qualifying event):

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16. How did you calculate the total requested amount listed above?:

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17. Have you applied for IH Cares Assistance in the past? If yes, provide the date and reason:

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By completing this application...

* I certify that the information on this application is complete and accurate and that my financial hardship is genuine.
* I certify that all supporting documents are valid and accurate. I understand that my application will not be considered for financial assistance if it is found to contain misleading information.

**Signature and Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_