

Application for Assistance

Please complete this form in its entirety. ***It is essential that you provide current and accurate information. Any documentation that you have that supports your claim should accompany this application to ensure there are no delays in evaluating your request.***

Please keep a copy of the completed form for your records.

To qualify for a grant, you must be employed in local, Louisville-area independent restaurant for 6 months. You must apply no later than 6 months after onset of need.

Once a grant is awarded, Apron, Inc. pays creditors directly for the amount(s) owed.

Mail: APRON, Inc.

291 North Hubbards Lane

Ste. B26-266

Louisville, KY 40207

Questions – Call or email APRON, Inc. at (502) 220-4800 or garyf@aproninc.org

COMPLETE SECTION 1 - 4. PLEASE PRINT CLEARLY.

Section 1 – Employee Information

Name: _____

Current Address: _____

Telephone Number: _____

Alternate Number: _____

Email (if available) _____

Restaurant/Business Location _____

Manager/ Owner's Name/Phone Number: _____

How long have you been consistently employed in the local restaurant industry? _____

Have you applied to APRON, Inc. before: Yes: _____ No: _____

If so, did you receive assistance? Yes: _____ No: _____

When did you apply? _____

Section 2 – Description of Hardship

Please check if this is a Catastrophic Event _____ Financial Hardship _____

Date of Disaster/Financial Hardship: _____

(Must be triggered by an unavoidable event – illness, death, accident, crime or other personal event)

Was it beyond your control? Yes: _____ No: _____

Do you or any member of your household or family have other insurance coverage or any other financial resources to assist with the hardship? Yes: _____ No: _____

If yes, please explain:

Description of your hardship and the resulting financial consequences :

Section 3 – Amount of Assistance Requested

Please provide an itemized list of your assistance request:

Description Actual/Estimated Cost

_____	_____
_____	_____
_____	_____
_____	_____

Grand Total \$ _____

Amount of Assistance requested \$ _____

(Attach documentation of loss – see Section 5 for details)

Section 4 – Your Financial Resources and Other Expenses

Homeowner's/Renter's Insurance (complete if request is related to loss of primary residence)

Do you own or rent? Own: _____ Rent: _____

Do you have Homeowner's/Renter's Insurance Yes: _____ No: _____

If yes, is this loss covered? Yes: _____ No: _____

Auto Expenses (complete if request if automobile related)

Do you have Auto Insurance? Yes: _____ No: _____

If yes, is this loss covered? Yes: _____ No: _____

Will Auto Insurance cover medical expenses? Yes: _____ No: _____

Will Auto Insurance cover lost wages? Yes: _____ No: _____

Section 5 – Required documentation

Documentation that will validate the loss or financial need

Bills you need paid

Police report for thefts/domestic violence

Auto accident report, if applicable

Certification & Release

I did everything in my power to avoid or prevent this event or hardship. I have done everything possible to help myself before applying for this assistance. I certify that the information contained in this application is true, correct and complete and that I am requesting assistance because of a severe financial hardship that is not covered by insurance or any other sources.

Employee Signature (or Delegate) Date

Printed Name Relationship

. It is our goal to process your application as quickly as possible.

May we use your story for future public relations and/or fundraising activities? Yes__ No__
(Answering no will not impact APRON'S decision to fund or not fund your request for assistance.)

Are you willing to volunteer for upcoming APRON, Inc. activities? Yes__ No__