***Les Clefs d’Or Foundation of the Americas***

***Grant Application***

**This application is valid for all grant requests. If you are applying for a grant because you were furloughed or laid off as a result of the COVID-19 Pandemic, to qualify, you must be a concierge member of Les Clefs d’Or, in good standing and be unemployed, due to the crisis. Maximum need-based grants for COVID-19 applicants is $500 and will only be granted once (a symbolic gesture of care and friendship).**

# **Grant Application**

# Submitted Date: Month/Date/Year:

# Concierge’s Name: (Last)       (First)       (Middle)

# Social Security or Federal Identification Number:

# Home Address:

# Email:

# Personal Telephone:       Work Telephone:

# List contact in case of emergency: Name:       Contact telephone:

# How long have you been employed as a concierge? Years:       Months

# Name your hotel employer & contact telephone

# Are you still working full time at this hotel?

# If no, how many months has it been since you worked there on a full time basis:

# If the above criteria cannot be completely fulfilled by the applicant, please explain:

# Is this grant application for You:       Your Spouse:       Significant Other:

# Dependent Child:       Dependent Parent:

# Full name of the applicant:       Relationship

State your reason for the grant request:

**FINANCIAL INFORMATION**

**WAGES**

Monthly Gross

Monthly Net

Last year’s adjusted gross income:

Have you applied for government benefits?       If yes, please include a copy of your filing confirmation.

**ASSETS**

# Checking Account: $

# Savings Account: $

# Investments: $

Stocks/Bonds $

# Business Assets: $

Life insurance cash value: $

**MAJOR MONTHLY EXPENSES**

# Mortgage: $      Tax Assessment $

# Rent: $

# Bank loans/Credit card debt: $

# Transportation: (gas, tolls, fares) $

# Car payments: $

# Day care: (children, senior, disabled): $

# Child/Spousal support (owed): $

**MEDICAL DEBTS**

Outstanding Medical Bills

To Whom Initial Total Balance Due Monthly Payments

# 1)

2)

Projected Medical Expenses:

To Whom Initial Total Balance Due Monthly Payments

# 1)

Additional Monthly Expenses:

To Whom Initial Total Balance Due Monthly Payments

# 1)

Unexpected Expenses:

To Whom Initial Total Balance Due Monthly Payments

# 1)

**OTHER MEDICAL EXPENDITURES:**

**OTHER INFORMATION YOU’D LIKE TO SHARE:**

**I attest that the above information is complete, correct, and true.**

**Note: The completed financial information and a dated statement of diagnosis from the attending physician with his/her name, address and signature, must be submitted with the completed application. Your signature authorizes Les Clef d’Or Foundation of the Americas Board to verify and participate in needed information exchange with each other and any parties noted on this application, with the intent of assisting the Foundation in making eligibility determinations. These benefits are available to all qualified applicants regardless of race, creed, religion, national origin or sexual orientation.**

**Please scan and send your application and supporting documents to both Co-Chairs listed below. If you have questions, please write to or call our Co-Chairs.**

Ginny Thomason, Co-Chair Shujaat Khan, Co-Chair

#### Email: [tginny@rocketmail.com](mailto:tginny@rocketmail.com) Email: [lucksak40@hotmail.com](mailto:lucksak40@hotmail.com)

Telephone: 703-507-3017 Telephone: 703-401-5880

**Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**