



## EMERGENCY CHARITABLE ASSISTANCE REQUEST

(Fast-Track Application)

**This application is for urgent, short-term assistance only.** Submission does not guarantee approval. All awards are subject to Board or Executive Committee authorization and availability of funds.

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### SECTION 1 – APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Residence/Property (if applicable): \_\_\_\_\_

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- Individual
- Family
- Community Agency (if so, name & contact): \_\_\_\_\_
- Nonprofit/Agency (if so, name & contact): \_\_\_\_\_
- Other (please explain)

If organization: 501(c) (3) Status?  Yes  No EIN: \_\_\_\_\_

### SECTION 2 – EMERGENCY DESCRIPTION (REQUIRED)

Briefly describe the emergency housing or safety issue (what happened and why assistance is needed now): \_\_\_\_\_

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Date emergency occurred: \_\_\_\_\_

What will happen if assistance is not provided immediately? \_\_\_\_\_

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Who will benefit from this assistance?

- Individual or family
  - Seniors
  - Children
  - People with disabilities
  - Other vulnerable population (describe): \_\_\_\_\_
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### SECTION 3 – REQUEST DETAILS

Amount Requested: \$ \_\_\_\_\_

Emergency Assistance Type (check all that apply):

- Temporary housing assistance
  - Emergency housing stabilization
  - Safety or habitability repair
  - Displacement due to fire, disaster, or hardship
  - Other urgent housing-related need (explain below): \_\_\_\_\_
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Specific use of funds (be as specific as possible): \_\_\_\_\_

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### SECTION 4 – TIMING & PAYMENT INFORMATION

Funds needed by (date): \_\_\_\_\_

Preferred payment method (if approved):

- Direct payment to vendor/landlord
  - Reimbursement (documentation required)
  - Other (explain): \_\_\_\_\_
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Vendor / Payee (if known):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has assistance already been received for this need?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 5 – OTHER ASSISTANCE

Have you sought or received other assistance for this emergency?  Yes  No

If yes, please explain: \_\_\_\_\_

## SECTION 6 – CERTIFICATION & ACKNOWLEDGMENT

By signing below, the Applicant certifies that:

- The information provided is **true and accurate**.
- Funds, if approved, will be used **solely for charitable emergency housing or safety purposes**.
- Funds will **not** be used for personal gain, political activity, or non-charitable purposes.
- The Applicant understands that approval is **not guaranteed** and is subject to PAAR Cares Foundation review.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**FOR PAAR CARES FOUNDATION USE ONLY**

Date Received: \_\_\_\_\_

- Emergency – Immediate Review
- Emergency – Standard Review

Reviewing Body:

- Executive Committee
- Board of Directors

Decision:

- Approved
- Approved with Conditions: \_\_\_\_\_

\_\_\_\_\_

- Denied

Amount Approved: \$ \_\_\_\_\_

Purpose Approved: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

## INTERNAL NOTE (NOT SHARED WITH APPLICANT)

Emergency requests may be approved between regular Board meetings in accordance with Foundation policy. All emergency approvals must be **reported to and ratified by the full Board** at the next scheduled meeting.

### Optional (Highly Recommended)

I can also provide:

- A **1-page Emergency Review Checklist** for Board/Exec Committee
- Dollar caps** for emergency authority (e.g., up to \$2,500 / \$5,000)
- A **fillable PDF or mobile-friendly online form**
- A **post-assistance verification form** (receipt + confirmation of use)

If you want this branded and finalized, tell me:

- Preferred format (PDF / Word / online), and
- Whether emergency approvals go to an **Executive Committee or specific officers**