



# POLICY STATEMENT AND INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR FOUNDATION ASSISTANCE

It is the goal of the Morrison Knudsen Foundation, Inc. (the Foundation) to distribute the income and assets of the Foundation by granting financial assistance to individuals demonstrating appropriate need. The Foundation is organized and operates exclusively for charitable purposes, which is in the judgment of the Board of Directors of the Foundation (the Directors) in furtherance of the public welfare.

It is the policy of the Foundation to ensure that all applicants are considered solely on the basis of need or distress. The Foundation does not discriminate against any applicant because of race, color, religion, sex, age, national origin, handicap, or status as special disabled or Vietnam-era veteran. Only that information necessary to determine eligibility for a grant from the Foundation will be evaluated by the Directors.

Completed Applications for Foundation Assistance will be submitted to the administrator or other qualified representative of the Foundation, who will refer the applications to the Directors. All applications will be reviewed by the Directors and notification of the action (approval or disapproval) of the Directors will be given to the applicant in a timely manner.

The application is an annualized income and expense form, and the information provided on the Application for Assistance will be completed by the applicant to demonstrate a surplus or deficit income over the next 12 months. The resources will include all income and assets that the applicant will have during the period. The obligations for the 12-month period will be subtracted from the resources available for the same period. It is the assumption of the Foundation that any surplus will be first used to meet the applicant's normal and prudent subsistence needs for the period, and any monies left over will be used by the applicant for payment of expenses related to their distress. Exceptions to this policy will be rare and probably will relate to the untimely provision of funds or other issues where the failure to spend funds would have a deleterious effect on the applicant's welfare or recovery potential.

## Section I. APPLICANT INFORMATION

Information requested for this section is necessary to provide sufficient identifying information about the applicant to assist the Directors in making complex decisions about the disbursement of limited funds. Your answers are requested for the sole purpose of determining financial need. The Foundation will only evaluate your solicited responses that affect your eligibility status, not to provide a basis for any discriminatory purposes.

**Applicant Name, Applicant Date of Birth.** This information will be used for the sole purpose of preventing duplication of grant applications, and not as a discriminatory effort related to marital status. Assistance is granted on a household basis.

**Co-Applicant Name, Co-Applicant Date of Birth.** This information will be used for the sole purpose of preventing duplication of grant applications, and not as a discriminatory effort related to marital status. Assistance is granted on a household basis. Spouse or Significant Other are co-applicants.

**Residence Address.** Enter the address where you currently reside.

**Mailing Address.** Enter this address if you receive mail at a location other than the address where you currently reside or if your mailing address is different from your residence address (i.e., post office box, rural mail route, etc.).

**Does Any Other Person Receive Mail at the Address?** Answer the question and enter the full name of such person

**Phone Number.** Enter the phone number of your current residence.

**Contact Phone Number.** If you cannot be reached at your residence, please

provide a phone number where you can receive a telephone message.

**Work Phone Number.** If you are employed, please enter your employer's phone number. We do not intend to contact you at your work unless it is an emergency.

**Applicant's AND Co-Applicant's Employer, Employer's Address, Occupation, Employment Start Date.** If not employed name LAST employment.

**Employment Termination Date.** If you are not presently employed, enter the date you terminated from your previous employment.

**Do You Have a Group Insurance Policy?** If you have health and accident insurance, please state the name of your insurance carrier.

**Do You Own Your Home?** Answer yes or no.

**Do You Own Stock in Any Company?** If you own stock (or receive dividends from stock), please enter **Number of Shares and Company.**

**List All Members of Your Household.** START WITH YOURSELF (shown as applicant). Enter the full name of all members of your household, ages, and state if they are currently employed. This includes any person living in your home, whose welfare is paid for by the applicant's resources even though they may not reside at the same residence (e.g., away for college). Your answer is not limited to immediate family members, but would not normally include renters or boarders.

**Signature of Applicant, Date.** Please return to this section and provide your signature and current date after you have completed the Income Certification Form.

## INCOME CERTIFICATION Section II. APPLICANT RESOURCES

**Section IIA- Annual Net Income.** This section will include all income received into your household each and every month during the **next twelve months.** Income that is sporadic (i.e., received less than monthly) will be included in Section IIB. This section deals with **NET** income meaning the amount you actually receive after all deductions are taken from your gross pay (i.e. income AFTER taxes, retirement contributions, etc.). However, it will include automatic deposits into your savings accounts and similar accounts. It will also include any automatic payments made into banks and other institutions to pay on your loans. If you are being garnished you will also include it in your income; do not deduct the amount of the garnishment from your net income, but do include the amount in the expenses section on Section III.

This is an annualized income and expense form, so the monthly receipts for each of the categories will be MULTIPLIED BY 12 MONTHS (unless you will not receive the income for 12 months, then multiply it by the number of months you expect to receive it over the next 12 months from now). Enter the annual income for each category on the far right column. The total from Section II A, is then added to reach the **total Applicant Resources Available under Section IID.**

**Section IIB - Income (Other Than Monthly).** Not all income is generated on a monthly basis. Any income of this nature will be reported in this section. This will be items like your annual tax return, insurance settlements, 401(k) withdrawals, etc. Again this is NET income (after withholding or penalties for early withdrawals) and will be the actual amount available during the next 12 months. Do not include the value of your 401(k) or retirement if you cannot access the funds. Enter the total for each category in the far right column and again where indicated in **Section IID Total Applicant Resources Available.**

**Section IIC – Nonexcludable Assets** (Definition of **Excludable Asset**

is any asset that is exempted for inclusion on this form in determining the applicant's total resources available during the 12-month period.

**Nonexcludable assets** are assets you **will include** on this application.) The intent of this section is to capture information on other resources (retirement accounts, stocks, bonds for example) or personal or real property that can be converted (directly or indirectly) to cash. The actual fair market value of your real or personal property (see excludable assets) you hold without debt against it will be stated. If the real or personal property has a loan against it, then state the equity you have (meaning the difference between the value and the amount you owe). If you have a motor home, boat, motorcycle, vacation home, etc. that is not used for a primary residence or primary mode of transportation, it will be shown here. If the value is less than what you owe, then do not include the asset as a deduction on your application.

For checking accounts use the average monthly balance **after** all bills have been paid. We would expect that you will utilize your savings to address your shortfall, but you must include your savings account balance in this section.

**Excludable Assets** (Assets which you **will not** need to enter in this section) include, but not limited to: The applicant's primary residence, one car for use by members of the household, additional cars used to generate income or facilitate the economy of the household unit (any household member getting to and from jobs or to and from health care), any income-producing vehicles, property or other holdings used for your business. Assets jointly held by the applicant and his/her spouse/significant other are not exempt from consideration. Real or personal property of a documentable medical necessity shall not be included on this form.

Enter the total available under each category as indicated in this section and again under **Section IID. Total Applicant Resources Available.**

**Section IID – Total Applicant Resources Available**

Enter the totals from Sections IIA, IIB, and IIC. Total this column and enter in space provided for total in IID, and carry this figure over to Section IV – Budget Surplus/(Deficit). This represents all of your income and not excludable assets capturable during the next 12-month period.

**Section III – APPLICANT OBLIGATIONS Section IIIA – Total Monthly Fixed Obligations.** This includes a listing of all cash outlays on a monthly basis to pay for either legal or reasonable and prudent obligations.

**Legal Obligation** – Payments due as a result of a signed contract, court order, lease agreement, lawful requirement, etc. considered to be a non-negotiable, binding obligation on the applicant. Mortgage payments and rent are good examples.

**Reasonable and Prudent Obligation** – Payments made for items or services not legally required but reflecting such items or services that are normally a part of living a normal life. (Example: Utilities – one need not heat their house, but it is reasonable and prudent to do so.) It is the intention that the applicant enter the normal monthly service rate utilities that may not be the amount currently due but an average expense amount. Entertainment may be internet, cable TV, movie rental, etc.

**Elective Obligations** – Payments which are neither required by law, nor reasonable and prudent (in terms of expecting the foundation to subsidize them) shall be included as an expense to be met by the client. (Example: Tithing to a church or paying for a child's violin lessons are commendable activities, but it is not considered reasonable and prudent the foundation to pay for deficits created by the continued payment for these types of items.)

In computing the monthly cost of items listed in Section IIIA, the **minimum** monthly payment allowed by the contract will be used. This is especially pertinent when considering credit card and/or other payments where a minimum is established, but where you would pay more if so desired.

NOTE: Utilities include electricity, gas/heating oil, sewer, trash (not cable, satellite, etc). Transportation includes cost of fuel and normal maintenance

of your vehicle and the cost of transportation necessary to facilitate the function and economy of your household (do NOT include auto insurance or the car payment, list separately under section IIIB).

This is an annualized expense statement so in the far right column, you will enter the total for the next 12-month period (it will often be the monthly amount multiplied by 12, but if it is less than every month for the next 12 months, then multiply the monthly amount by the number of months or number of times you will pay that amount over the next year). For example, if monthly rent is \$500, then you enter \$500 in the **Minimum Mo. Payment \$ column**. If you are expected to pay your rent every month for the next 12 months, then you will enter the annual rent amount of \$6,000 (which is \$500 X 12) in the far right column (**Total Owed \$ For Next 12 Mos.**). Enter the total for the next 12-month period under this section and as indicated under **Section IIIC. Total Applicant Obligations Due.**

**Section IIIB – Other Nonmonthly Obligations Due**

This section is used to capture your legal and/or normal and prudent obligations which are due on something perhaps less frequently than a monthly basis. Taxes, insurance payments, balloon payments on mortgage, medical expense, etc. are examples. The grand total of outlays during the next 12-month period will be shown. If the applicant has a nonexcludable asset listed in Section IIC, and there is a debt owed against that asset, then record the ENTIRE amount of that debt in Section IIIB.

This is an annualized expense statement so in the far right column, you will enter the total for the next 12-month period (it will often be the monthly amount multiplied by 12, but if it is less than every month for the next 12 months, then multiply the monthly amount by the number of months or number of times you will pay that amount over the next year). For example, if monthly rent is \$500, then you enter \$500 in the **Minimum Mo. Payment \$ column**. If you are expected to pay your rent every month for the next 12 months, then you will enter the annual rent amount of \$6,000 (which is \$500 X 12) in the far right column (**Total Owed \$ For Next 12 Mos.**). Enter the total for the next 12-month period under this section and as indicated under **Section IIIC. Total Applicant Obligations Due.**

**Section IIIC – Total Applicant Obligations Due**

This figure is derived by adding the total figures found in IIIA and IIIB. This total constitutes your total normal and prudent obligations during the next 12-months.

**Section IV- Budget SURPLUS/(DEFICIT)**

Basically, this informs the directors that you have a budget shortage or a budget excess. If the result of subtracting your expenses from your income is a surplus (a plus figure), then enter where indicated "surplus". If the result of subtracting your expenses from your income is a deficit (a minus figure) then enter where indicated "deficit".

**Section V – List applicant resources, which will not be used for the purposes of this income statement.**

Any resources that you feel should be excluded from consideration on this application should be listed along with a brief explanation of the reason for your proposed exclusion. (Examples: Applicant may be anticipating a change in family status, or health, financial, personal, or other such circumstances may exist which are not apparent, but should be given consideration by the directors.)

**Please review the information you entered on the application form, and return to the signature and date block under Section I. Read the certification statement located directly above the signature block and sign as indicated. If you have any questions about criteria for foundation assistance, review process, evaluation of information you provided or nondiscriminatory practices, please contact a representative of the Morrison Knudsen Foundation for clarification prior to signing your application form. Please return this application to the referring agency and they will hold it to present at your interview.**



# Application for Foundation Assistance

## Section I – Applicant Information

Applicant Name (Last, First, Middle):		Applicant Date of Birth:		
Co-Applicant/Spouse Name (or Significant Other Person):		Co-Applicant Date of Birth:		
Residence Address (Street, City, Zip):				
Mailing Address (If Different from Residence Address):				
Does Any Other Person Receive Mail at this Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Print Full Name: _____		Relationship to Applicant:		
Phone Number:	Contact Phone Number (If Applicable):	Work Phone Number:		
Applicant's Employer:		Employer's Address (Street, City, Zip):		
Occupation:	Employment Start Date:	If Not Employed, Termination Date of Last Employment:		
Co-Applicant's Employer:		Co-Employer's Address (Street, City, Zip):		
Occupation:	Employment Start Date:	If Not Employed, Termination Date of Last Employment:		
Do You Have a Group Insurance Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Insurer: _____		Do You Own Your Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do You Own Stock in any Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List All Members of Your Household (First and Last Name, Beginning with Applicant)		Age	Employed?	
			Yes	No
Referring Agency (If Applicable):		Name of Caseworker or Contact Person:	Phone Number:	
<b>AFFIRMATIVE ACTION INFORMATION</b>				
To assist the Morrison Knudsen Foundation in our dedication to affirmative action, please provide the voluntary, confidential information regarding ethnic identification. We also invite all veterans, special disabled veterans, veterans of Vietnam era, and handicapped individuals to identify themselves. This information is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment.				
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Individual(s) with a disability
<input type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Veteran	<input type="checkbox"/> Vietnam-era Veteran	
I certify that the information provided on this form and the Income Certification form is a true and accurate statement to the best of my knowledge. I understand that this information may be verified and hereby authorize such verification. I further understand that only information that affects my eligibility status will be evaluated.				
<b>Signature:</b>			Date:	



# Application for Foundation Assistance

## Income Certification

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

### Section II – Applicant Resources

#### A. MONTHLY NET INCOME

Type	Applicant Annual \$	Others in Household Annual \$	Total Available \$ (For Next 12 Mos.)
Wages, salaries, tips, commissions, etc.			
Welfare			
Workers Compensation			
Social Security [Check box(es)] <input type="checkbox"/> OASI <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> OTHER			
VA Disability			
Private Disability			
Unemployment Compensation			
Child Support			
Alimony			
Rents Receivable			
Notes Receivable			
Pension/Retirement Benefits			
Educational Assistance			
Other Monthly Income (List Below):			
<b>TOTAL NET INCOME (Enter Here and on D, Line IIA)</b>			

#### B. INCOME (Other Than Monthly)

Type	Applicant Annual \$	Others in Household Annual \$	Total Available \$ (For Next 12 Mos.)
Trust/Estates			
Tax Returns			
Notes Receivable			
Insurance and Other Guaranteed Receipts (List Below):			
<b>TOTAL NET INCOME (Enter Here and on D, Line IIB)</b>			

#### C. NONEXCLUDABLE ASSETS (Cash Value not Equity)

#### D. TOTAL APPLICANT RESOURCES AVAILABLE

Type	Total Available \$		
Cash/Equivalent (See Manual for Checking Accounts)			
Savings		IIA	_____
Stocks/Bonds			
Nonexcluded Vehicles (List Below):			
		+IIB	_____
Nonexcluded Real or Personal Property (List Below):			
		+IIC	_____
Other (List Below):			
		= IID	_____
<b>TOTAL VALUE OF NONEXCLUDED ASSETS (Enter Here and on D, Line IIC)</b>			

Transfer this figure to the appropriate box in SECTION IV on the next page.

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

**Section III – Applicant Obligations**

**A. TOTAL MONTHLY FIXED OBLIGATIONS**

Type	Minimum Mo. Payment \$		Total Owed \$ (For Next 12 Mos.)
Mortgage/Rent (Primary Residence)			
Mortgage (Rental or Other Property)			
Utilities			
Food/Clothing			
Transportation			
Entertainment			
Child Support			
Daycare			
Auto Insurance			
Prescriptions			
Cell Phones			
Laundry			
Storage			
Health Insurance			
Fines, Restitution/Supervision			
Cable/Satellite, Internet			

**Loans, Notes Payable, Credit Cards**

Type of Loan/Card	Current Balance \$	Monthly Payment	
Car Payments			
Credit Cards, Loans and other obligations (List Below):			

**TOTAL FIXED OBLIGATIONS (Enter Here and on C, Line IIIA)** \$ \_\_\_\_\_

**B. OTHER NONMONTHLY OBLIGATIONS DUE**

Type	Balance Owed	Date Due	Total Owed \$ (For Next 12 Mos.)
Property Taxes and Home Insurance (if not included in house payment)			
Medical/Dental			
List all overdue bills for essential items such as rent, utilities, car payments, etc.:			

**TOTAL OF OTHER OBLIGATIONS (Enter Here and on C, Line IIIB)** \$ \_\_\_\_\_

**C. TOTAL APPLICANT OBLIGATIONS DUE**

IIIA : \_\_\_\_\_ + IIIB: \_\_\_\_\_ = IIIC: \_\_\_\_\_

**Section IV – Budget Surplus/(Deficit)**

INCOME	EXPENSES	IV Surplus (+):	IV Deficit (-):
IID (From First Page): _____	– IIIC (From Above): _____ =		

**Section V – IF any applicant resources will not be used for the purposes of this income statement, list them here.**




# Application for Foundation Assistance

## Addendum

Applicant Name:

Please provide the following handwritten or typed information. Feel free to use additional paper if needed.

**1. State your current situation and reason for applying for Foundation assistance.**

**2. State the type of financial assistance that will benefit you the most.**

**3. State how a one-time grant from the Foundation will assist you in becoming self-sufficient.**