



Application for Assistance

Please read all instructions carefully before completing the Application for Assistance.
All questions should be directed to the Fund Administrator via email at LDSCares@lanterds.com.

LDS Cares, Inc. is a 501(c)(3) non-profit organization. The purpose of the fund is to provide critically needed support and assistance to members of the LDS Community faced with severe and unexpected hardship. The LDS Community is the embodiment of the Lanter Non-Negotiable “We are One Team”. The LDS Community is comprised of *employees* (as defined below) of a *Lanter Entity* (defined as Lanter Delivery Systems, LLC, its affiliates, parent, and subsidiaries), as well as those with whom we collaborate to achieve our business goals and serve our customers. This may include contract workers, temporary staff, and personnel at our various vendors and suppliers, who embody our culture of Lanter Non-Negotiables.

Instructions:

- Print the application, including these instructions.
- Be sure to fill out the application completely. Please make sure to include all requested documentation as it will help expedite the review process as well as the steps necessary to comply with applicable laws. Be as specific as possible as to the circumstances of your need. The information you provide will assist in the decision process.
- **You must request a specific dollar amount of funds.** This is extremely important. If you do not ask for a specific amount, we will not know how much to consider and will not be able to process your application.
- **Do not** include your social security number/social insurance number, credit card numbers or bank account numbers as part of the application.
- Be sure to sign your application. If you do not sign it, you will be asked to resend the application with the signature, and this will delay the application process.
- The signed application and supporting documentation should be scanned and emailed to: [**LDSCares@lanterds.com**](mailto:LDSCares@lanterds.com).

Eligibility Requirements:

- Those eligible for assistance include:
 - All *active employees* (see below for definition) of any Lanter Entity who have been employed by a Lanter Entity in a full- or part-time position for at least 90 days.
 - Any contract worker or temporary staff worker, either engaged by or provided to a Lanter Entity, whose service to such Lanter Entity spanned at least 90 days.
 - Any person engaged by or employed by any vendor or supplier who directly or indirectly provides goods or services either to a Lanter Entity or to another person or entity in furtherance of the business objectives of a Lanter Entity, and which person exhibits or demonstrates the culture of Lanter Non-Negotiables.
- The hardship for which assistance is requested (see below for current eligible hardships) must directly involve/affect the applicant.
- The hardship must be unexpected and beyond the applicant’s control and all other means of assistance must have been exhausted.

General Guidelines:

- An *active employee* is defined as someone who is currently employed by a Lanter Entity in a full- or part-time position and has either worked in the last 60 days or is on an approved Leave of Absence.
- Immediate *Family Members* are defined as parent, child, sibling, legally married spouse, grandparent, grandchild, mother/father in-law, brother/sister in-law.
- Decisions regarding all grant requests are based on need, availability of funds, and the extent to which granting the requested funds fulfills the mission of LDS Cares, Inc., not on employment-related factors such as tenure, title, or job performance.
- Qualifying emergencies do not include circumstances involving providing assistance to pay for debt consolidation, litigation, poor financial planning, non-essential items (i.e., cable TV, credit card payments, expenses related to vehicles, etc.), bail, garnishments, requests for medical assistance that is already covered by health benefits, fuel costs for vehicles or other expenses deriving from non-emergency situations.
- Hardship creating need must have occurred on or after May 21, 2021.
- Grants will not be approved for a loss where compensation is available through health, disability, automobile, homeowners, or other insurance programs.
- The grant amount(s) issued by LDS Cares, Inc. cannot exceed the financial need caused by the hardship.
- The Fund Administrator may interview the applicant to determine whether all applicable criteria have been met.
- Incomplete applications may result in the delay and/or denial of funds.
- An application can be partially or fully approved depending on the situation.
- Interpretation of all LDS Cares, Inc. requirements and limitations is at the sole and absolute discretion of the LDS Cares Board of Directors, Steering Committee and Administrator (as applicable). All decisions made by the LDS Cares Board of Directors, Steering Committee and Administrator (as applicable) are final.
- Generally, grants, if approved, range from \$100 to \$2,500 per hardship event.
- Once a grant decision has been reached, the Fund Administrator will notify the Applicant as soon as possible.
- All decisions made by LDS Cares, Inc. are determined based on the information submitted. In addition to a completed Application for Assistance, documentation of expenses pertaining to the emergency is needed, as well as any official documentation of the incident that has created the financial hardship. This is described in the Hardships Eligible for Assistance chart below. Additional information may be requested under certain circumstances.
- The information provided in this application describes the basic requirements to process your request; however, other requirements and limitations also apply. Additionally, the program may change from time to time without notice, and you will be required to meet any new requirements. Please contact the Fund Administrator for complete details.

LDS Cares, Inc. – Hardships Eligible for Assistance

Eligible Event	Description of Event	Amount of Grant	Required Documentation
Natural/Household Disaster (Applicant)	Applicant’s home is destroyed or rendered unlivable due to a natural disaster (fire, flood, hurricane, tornado, etc.) or an unforeseen household disaster (fire, flood, etc.) and alternative housing is not available.	Up to \$1,500 for temporary housing and essential items (food, clothing, etc.).	Photographs, insurance claims, receipts for lodging, food, clothing, other necessities, etc.
Natural Disaster (Applicant’s Immediate Family Member)**	Applicant’s immediate Family Member’s (as defined under General Guidelines) home is destroyed or rendered unlivable due to a natural disaster (fire, flood, hurricane, tornado, etc.) and alternate housing is not available.	Up to \$750 for temporary housing and essential items (food, clothing, etc.) paid for by Applicant.	Verification of Applicant’s ongoing support of immediate family member’s household: photographs, insurance claims, receipts for lodging, food, clothing, other necessities, etc.
Care of Ill Family Member	Applicant’s Immediate Family Member (as defined under General Guidelines) suffers from an extended or acute illness (lasting longer than 2 weeks) and Applicant misses at least 2 weeks of work (for which he or she is not paid) to assist in the care of the family member.	Up to 50% of the Applicant’s gross weekly pay (based on average weekly income paid by Applicant’s employer over the last 6 months) to a maximum of \$1,500.	Statement from family member’s attending physician indicating the date of the onset of the unexpected illness and the expected duration of the required care; verification of Applicant’s gross weekly pay over past 6 months, such as paystubs.
Transitional Housing	Applicant has suffered abuse resulting in the need to relocate personal residence to avoid continued abuse.	Up to \$1,500 for relocation assistance (temporary housing, deposits for an apartment, etc.). This award is limited to once per lifetime.	A police report, a court order or a statement from relevant social services agency and documentation from landlord/property management company stating amount required for new residence.
Relocation of Surviving Child(ren)	Death of an Applicant or Applicant’s family member resulting in the need to transition Applicant’s dependent child(ren) to a new home or the family member’s dependent child(ren) to the Applicant’s home.	Up to \$1,500 for the transition of dependent child(ren) to a new home.	Documentation stating the eligible person has custody of the dependent child(ren).
Emergency Travel	Applicant needs to travel to (1) attend the funeral for or make a final visit to a terminally ill Immediate Family Member (as defined under General Guidelines) or (2) to escort a critically ill Immediate Family Member to a remote medical facility or hospice.	Up to \$1,500 for transportation, lodging and food.	Documentation from newspaper or funeral home or a statement from attending physician stating need for travel; receipts for travel-related expenses (airline tickets, gas, car rental, etc.).
Funeral Expenses	(1) Applicant is financially responsible for paying the funeral expenses of an Immediate Family Member (as defined under General Guidelines) or (2) Applicant’s family is financially responsible for paying the funeral expenses for the deceased Applicant.	Up to \$2,500 for funeral expenses.	Documentation from funeral home stating financial responsibility and remaining funeral costs (less life insurance and other payments).
Personal Housing Assistance	Applicant is homeless or facing the imminent threat of eviction or foreclosure due to an unexpected event or events outside of their control.	Up to \$1,000 for housing assistance. This award is limited to once per lifetime.	Documentation of eviction or foreclosure from landlord/property management company stating amount required to secure housing.

Under special circumstances, the LDS Cares Board of Directors may consider and approve a grant for a hardship that may not precisely meet the stated guidelines, but is similar to an eligible hardship described above and is consistent with the spirit of the fund. In all circumstances, the purpose of the grant would be to provide short-term emergency assistance on the occurrence of an event giving rise to financial need.

Application for Assistance *(please print)*

Last Name: _____ First Name: _____

Current Position: _____ Work Location: _____

Home Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Contact Number: _____ Email Address: _____

Check one: LDS Applicant _____ Other Applicant _____

1. Description of Need

Please check the hardship(s) below that you have experienced and for which you are requesting financial assistance:

- | | |
|---|---|
| <input type="checkbox"/> Natural/Household Disaster (Applicant) | <input type="checkbox"/> Relocation of Surviving Child(ren) |
| <input type="checkbox"/> Natural Disaster (Applicant's Immediate Family Member) | <input type="checkbox"/> Emergency Travel |
| <input type="checkbox"/> Care of Ill Family Member | <input type="checkbox"/> Funeral Expenses |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Matching Grant |
| <input type="checkbox"/> Personal Housing Assistance | |

2. Amount of Funds Requested \$ _____

- a. Are there other forms of assistance available to you (life insurance, state assistance, savings, donations from family, friends, or other organizations)? If so, please indicate source and amount _____

3. Total Household Income

Household income includes the income of anyone else in your household who can share your expenses such as your spouse, parents or others who live with you. DO NOT send your income tax return.

- a. Total Household Income (stated on last year's income tax return) \$ _____
b. Total Household Income (current) \$ _____

4. Number of Dependents

Dependent includes spouse, child, parent or relative to whom you provide on-going financial support.

- a. Total number of dependents (stated on last year's income tax return) _____
b. Total number of dependents (current) _____

5. Total Debt (major monthly expenses)

- a. Mortgage or Rent: \$ _____
b. Utilities (electric, gas, water): \$ _____
c. Car Loans: \$ _____
d. Other: (childcare, credit cards, medical bills, etc.): \$ _____

6. Do you have other circumstances affecting your current financial situation that contribute to this hardship? If so, please explain.

7. If funding is approved, a check will be sent to you directly. Please indicate where you would like the check sent:

- Home address (as indicated above)
- Work location (as indicated above)

8. Description of Need

Describe below the circumstances causing your need for assistance. Please be specific and provide as many details as possible. Additional information may be requested, if needed. If there is not enough room below, please attach additional sheets, as necessary.

9. Publicity Consent

Please check one of the following:

- Yes**, LDS Cares, Inc. may -or-
- No**, LDS Cares, Inc. may not use my story in any future LDS Cares fund updates to the Applicant community or similar communications.

10. Confidentiality

Applicant's personal information will be handled by LDS Cares, Inc. with appropriate sensitivity to the extent reasonably practical. However: (1) information regarding the Application and Applicant will necessarily be disclosed to and discussed with those involved in the grant review process; (2) LDS Cares, Inc. may publicly describe and promote information about grants generally, without specifically identifying any particular Applicant; (3) the general public and media may obtain information concerning particular Applicant's involvement in the grant process from other sources, and (4) LDS Cares, Inc. may be required to disclose information about you, your request, and the grant, as required by applicable law. Please keep in mind that your employer may also be aware of, and provide to LDS Cares, Inc., your personal information in connection with their involvement in the application process.

11. Certification and Authorization

By signing below and presenting this application, I certify:

- the above information is true and correct and
- I have no other financial resources – including any disability benefit that offers income replacement - that could reasonably be used to satisfy this need/responsibility.

In the case of assistance for Funeral Expenses, I also certify:

- I am financially responsible for the funeral costs and
- the amount requested does not exceed the amount owed after application of any life insurance payments, pre-paid funeral plans or other means of assistance.

I understand that submitting this application does not guarantee a grant will be made by LDS Cares, Inc. Additionally, by signing below; I authorize LDS Cares, Inc. to contact me with any questions or requests for additional information needed in connection with this application.

I authorize LDS Cares, Inc., or its representatives to make inquiries regarding the information provided by me on this application, and matters surrounding my eligibility to receive a grant from LDS Cares, Inc. as applicable, and hereby release Lanter Delivery Systems, LLC, its affiliates, parent and subsidiaries, and their respective employees and representatives from all liability in responding to inquiries in connection with my application and release LDS Cares, Inc. and its representatives from all liability with respect to such inquiries.

Applicant Signature: _____ **Date:** _____

Authorized signature (if Applicant is unable to sign): _____

Power of attorney or other document evidencing your authority to sign on behalf of the Applicant is required.

Date: _____