

BRUCE T. HALLE ASSISTANCE FUND APPLICATION

The Bruce T. Halle Assistance Fund is an Arizona nonprofit corporation; free from tax as a Section 501(c)(3) organization. The Fund provides employees of Discount Tire Company, America's Tire Company and Discount Tire Direct (collectively, the "Companies"), and their families with financial assistance during periods of disaster, illness, emergencies and situations beyond their control. Support for the Fund comes from various sources, including employees of the Companies and members of the communities in which the Companies do business.

Please read the Grant Guidelines before submitting your application to find out if you are eligible for assistance from The Fund. The guidelines are available on the web-site (www.bthaf.org). The Assistance Fund's Grant Committee will review your application to determine your eligibility.

Please submit your completed application to the Fund's Grant Committee, c/o Lori Governale at corporate:
20225 N. Scottsdale Road, Scottsdale, AZ 85255, OR fax to the confidential fax #:
866-344- 6114.

NOTE: Please include copies of medical bills, invoices, payment requests, etc. related to this application. These documents are required to process the application and will ensure a quick response.

This application is confidential and will only be available to the Grant Committee. However, the Grant Committee may need to discuss your application with others (typically Regional VP's, AVP's and/or Human Resources).

Please complete the entire application in full.

Date: _____

Applicant/Employee Name: _____

Employee ID #: _____

Hire Date: _____

Full Time OR Part Time _____

Work Location: (Ex. AZP001) _____

Location Phone #: _____

Mailing Address: Street: _____

City: _____

State: _____

Zip: _____

Primary Phone #: _____

Secondary Phone #: _____

Email Address: _____

Please describe the circumstances about your hardship and the reason for the request:
(please use last page for additional comments if needed)

Name:

Employee ID:

Date:

What specific dollar amount of assistance are you requesting at this time? Please list those amount(s) requested and/or include copies of the matching bills, invoices, payment requests, etc.

Have you applied for assistance from the Fund before? If yes, Please explain and provide approximate date(s):

What other means of assistance have you investigated so far (ie; savings, insurance, family members, federal/state aid, etc.)? Please explain

Do you believe any of these expenses that you are requesting a grant for may be reimbursed to you by some other person or organization at a later date? If yes, please explain:

Name:

Employee ID:

Date:

MONTHLY EXPENSES	Monthly Payments:	Past Due Amount(s):
For all major items such as:		
Food/Groceries, Utilities (electric, gas, oil), Car & Home Insurance, etc.:		
Car Loans:		
Rent/Mortgage:		
Credit Cards:		
Child Care Expenses:		
Other (please list):		
TOTAL MONTHLY EXPENSES:		

MONTHLY* NET INCOME:	Monthly* Net Income
Employee / Applicant:	
Spouse / other members of household:	
Social Security:	
Bonuses:	
All other sources of income (i.e; State Assist., Pension, Child Support, Alimony, etc.):	
TOTAL MONTHLY *NET INCOME:	

* "Net" is the take home pay after all deductions have been taken from your paycheck (ie; taxes, insurance, medical, etc.).

ADDITIONAL COMMENTS PAGE (if needed):

In order to comply with Internal Revenue Service rules and regulations, I understand and certify by my signature below the following is true and correct: (1) the information provided in this Application (including the Family Budget) and any attachments is accurate to the best of my abilities and knowledge, and (2) if a grant is awarded to me from the Fund, the grant funds will be used only for the purposes stated in this Application. I authorize the Fund to contact other individuals, as necessary, with respect to this Application for the purpose of conducting its due diligence.

Employee Signature _____

Date _____