



Application for Financial Assistance

877-748-3700



Family Services of RI
Attn: Alex Batista
55 Hope Street
PO Box 6688
Providence, RI 02940

The Station Family Fund was founded by survivors and family members affected by The Station nightclub fire of February 20, 2003. We provide financial grants to those who suffered injury in the fire, or offer occasional financial assistance to individuals or families who, as a direct cause of the fire, are no longer self-sufficient.

Grant requests will be processed by Station Family Resource Center. All decisions will be made by the Board of Directors. Priority will be determined based on the severity of disability or impairment and financial hardship. If approved, grants are paid directly to service providers such as doctors, dentists, insurance or mortgage companies, daycare centers or landlords.

Eligibility for Financial Assistance

Grants are considered on a case-by-case basis. They may be issued to those who have exhausted all viable financial resources, including savings accounts, loans and government-assistance benefits, and still face dire financial hardship as a result of the fire.

You Must Meet the Following Criteria:

- The hardship is through no fault of your own
- You have managed your finances satisfactorily
- You have no other financial resources available to you or you have already exhausted those resources (e.g., employment, savings, retirement fund, loans, other social services)

Qualifying Hardships

Generally, the Station Family Fund may issue grants to help with:

- Assistance to prevent eviction or foreclosure. The fund may pay a maximum of two months' rent or two mortgage payments, not to exceed \$3,000 per year
- Medical or dental bills related to the fire, copayments or coinsurance
- Medical supplies related to the fire
- Prescription expenses related to the fire
- In- or outpatient mental health services, including addiction medicine

- Assistance with public utility costs, including electricity and heating, especially to prevent termination of service
- Emergency assistance to pay for food
- Children's daycare
- Transportation to and from doctors appointments

Generally, the Fund does not provide grants for:

- Financial difficulties stemming from a situation or event before the time of the fire
- Job loss not related to the fire and financial hardship arising from that job loss
- Repayment of loans to family and friends
- Car insurance, car repairs or the purchase of new vehicles
- Cable TV or Internet service
- Clothing and accessories for children or adults
- Tuition expenses and school supplies
- Attorney fees
- Purchasing items or procedures not covered by your medical or dental insurance
- Home repairs

To Apply For a Grant

Complete this application and attach the required supporting documentation; please submit the information to:

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55 Hope Street
PO Box 6688
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Applications may also be submitted via

www.stationfamilyfund.org/help.html

The Station Family Fund Board of Directors will review each request for funding and notify applicants of its decision as soon as possible, usually within 30 business days.



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Date of Application:

Applicant's First Name

Last Name

Date of Birth

Applicant's Address

Apt. #:

City

State

Zip Code

Do you: Rent Own

Home Phone
(Please include area code)

Cell Phone

Work Phone

Applicant's Email Address

Best method to contact
(Please include times)

Applicant's Place of Employment

Full Time Part Time

Relation to the Fire: Survivor Spouse of Deceased Child of Deceased Other

If other please explain

Name of Deceased

Are You: Single Married Divorced Separated Widowed

Spouse's First Name

Spouse's Last Name

Spouse's Place of Employment

Full Time Part Time

Child's First Name

Child's Last Name

Age

Child's First Name

Child's Last Name

Age

Child's First Name

Child's Last Name

Age

Child's First Name

Child's Last Name

Age

Place of employment for children of legal age

Full Time Part Time

Please describe your disability or situation:



Description of Financial Hardship

Please attach a letter describing the reason for your financial distress, including:

- What happened to cause the situation?
- To whom did it happen and when?
- How did it happen?

Please indicate how you've tried to resolve your financial hardship.

- Taken other jobs or worked additional hours
- Cut back on household expenses to save money
- Consolidated debt, paid off loans and high-interest credit cards
- Borrowed from family members
- Applied for assistance such as SSI

Each application must include the following documentation:

- Copy of most recent tax return
- Last three months' checking account statements
- Last month's pay statements from all employers (full-time, part-time, temporary)
- Proof of other income (pay statements from other members of your household; child support; alimony; unemployment, SSI/SSDI, etc.)
- Copies of bills or receipts to be considered for payment (foreclosure/eviction notices; utility bills and shut-off notices; medical, dental and pharmacy bills; receipts from daycare centers, etc.)
- Please provide all medical information including original diagnosis from doctor, treatments, therapy, medications, etc., if you are unable to work because of a disability, injury or other medical condition.

Personal Financial Statement

Assets	Amount <small>(Omit Cents)</small>
Checking account balance:	\$ _____
Savings account balance:	\$ _____
Retirement Plan balance: <small>(401(k), IRA, pension, etc.)</small>	\$ _____
Cash-value life insurance:	\$ _____
Cars/trucks:	\$ _____
Real estate owned: _____	
Estimated value:	\$ _____
Other assets:	\$ _____
Total estimated net worth:	\$ _____

Basic Income Statement	Amount <small>(Omit Cents)</small>
Applicant's Salary: <small>(Gross annual)</small>	\$ _____
Spouse's Salary: <small>(Gross annual)</small>	\$ _____
Rental income (annual):	\$ _____
SSI benefits (annual):	\$ _____
Other annual income:	\$ _____
Total annual income:	\$ _____

Monthly Financial Management Worksheet

Monthly Income	Amount <small>(Omit Cents)</small>
Monthly Salary:	\$ _____
Other household income(s):	\$ _____
SSI benefits:	\$ _____
Child support/alimony: <small>(please specify)</small>	\$ _____
Savings contributions:	\$ _____

Monthly expenses	Amount <small>(Omit Cents)</small>
Mortgage/rent:	\$ _____
Property tax	\$ _____
Homeowners/renters insurance:	\$ _____
Life insurance:	\$ _____
Medical expenses: <small>(out of pocket, for self and/or family)</small>	\$ _____
Heat/fuel:	\$ _____
Electricity:	\$ _____
Telephone (landline):	\$ _____
Cell phone(s):	\$ _____
Total monthly expenses:	\$ _____



Monthly Financial Management Worksheet

Monthly expenses	Amount <small>(Omit Cents)</small>	Outstanding Debts	Amount <small>(Omit Cents)</small>
Total expenses from page 3:	\$ _____	Personal loans: <small>(total amount outstanding)</small>	\$ _____
Groceries:	\$ _____	Amounts past due:	\$ _____
Meals out:	\$ _____	Credit card balances (list individually):	
Child care:	\$ _____	Card #1: _____	\$ _____
Child support:	\$ _____	Card #2: _____	\$ _____
Car loans:	\$ _____	Card #3: _____	\$ _____
Car insurance:	\$ _____	Card #4: _____	\$ _____
Gasoline:	\$ _____	Amounts past due:	\$ _____
Public transportation:	\$ _____	Mortgage/rent amount past due:	\$ _____
Clothing/shoes:	\$ _____	Medical bills amount past due:	\$ _____
Entertainment:	\$ _____	Phone amounts past due:	\$ _____
Vacation/travel:	\$ _____	Utilities past due:	\$ _____
Children's activities:	\$ _____	Other past due expenses:	\$ _____
Pet/veterinary expenses:	\$ _____	Other past due expenses:	\$ _____
Health club membership:	\$ _____	Total outstanding debts:	\$ _____
Other:	\$ _____		
Other:	\$ _____		
Total monthly expenses:	\$ _____		

Total monthly income:	\$ _____
Total monthly expenses:	subtract \$ _____
Monthly debt payments:	subtract \$ _____
Total shortfall:	\$ _____

I certify that the information I have provided in my application is true to the best of my knowledge.

 Signature Date