

FAX COVER PAGE

GRANT APPLICATION & REQUIRED DOCUMENTATION

To: Grant Review Team **From:** ROBERT JOE RIOS
Fax: +1.561.868.2189 **# Pages:**
Phone: +1.877.721.3481 **Date:** 11-17-2025

Documentation of your event and expenses must be provided before your application can be considered. Please provide your contact information:

✉ Email: RJRIOS1984@GMAIL.COM

☎ Phone #: 602-373-1939

Enter details below to describe your supporting documentation.

EVENT DOCUMENTATION: See next page.

EXPENSE DOCUMENTATION: (Write in your expenses.)

1. _____
2. _____
3. _____
4. _____
5. _____

OTHER (Describe): _____

<input type="checkbox"/> Check the box for your event		EVENT AND SUPPORTING DOCUMENTS REQUIRED			
<input type="checkbox"/>	Natural disaster (such as flood, fire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon, or severe storms)				
<input type="checkbox"/>	Disaster resulting from an accident involving a common carrier such as buses, trains, ferry, planes or trucks				
	Examples of documentation:	News report, statement from a government official, insurance report, emergency responder report, photographs of damages.			
	Documentation must include:	<input type="checkbox"/> Event date	<input type="checkbox"/> Event description	<input type="checkbox"/> Event location	<input type="checkbox"/> Details showing how you/your eligible dependent/your property were affected by event
<input checked="" type="checkbox"/>	Impacts primary residence (fire, flood or unusual life-altering expense not covered by insurance)				
	Examples of Documentation:	News report, statement from a government official, insurance report, emergency responder report, photographs of damages.			
	Documentation must include:	<input checked="" type="checkbox"/> Event date	<input checked="" type="checkbox"/> Event description	<input checked="" type="checkbox"/> Event location	<input checked="" type="checkbox"/> Details showing how you/your eligible dependent/your property were affected by the event
<input type="checkbox"/>	Serious illness or injury (not covered by insurance for you or your eligible dependent)				
<input type="checkbox"/>	Non-routine/exceptional medical expense (not covered by insurance for you or your eligible dependent)				
<input type="checkbox"/>	Victim of a violent crime (not covered by insurance for you or your eligible dependent)				
	Examples of documentation:	Emergency responder report, healthcare provider statement, FMLA/medical leave documentation.			
	Documentation must include:	<input type="checkbox"/> Event date	<input type="checkbox"/> Patient/victim name & event/illness/injury description	<input type="checkbox"/> Date(s) of service	<input type="checkbox"/> Physician name/address
<input type="checkbox"/>	Domestic abuse				
	Examples of documentation:	Statement from a shelter/domestic counselor, police report/restraining order, signed letter from a company Human Resources representative.			
	Documentation must include:	<input type="checkbox"/> Event date	<input type="checkbox"/> Event description	<input type="checkbox"/> Name of shelter / counselor / police dept / HR representative	<input type="checkbox"/> Victim name
<input type="checkbox"/>	Death (of applicant or their immediate family member)				
	Examples of documentation:	Obituary, funeral program, death certificate.			
	Documentation must include	<input type="checkbox"/> Date of death		<input type="checkbox"/> Description of relationship to applicant	



<p>Submit your completed and signed application with supporting documentation to: <input checked="" type="checkbox"/> TeamGoodwill@EmergencyAssistanceFdn.org Fax: +1.561.868.2189</p>	<p>If you have questions contact Emergency Assistance Foundation, Inc. at: <input checked="" type="checkbox"/> TeamGoodwill@EmergencyAssistanceFdn.org ☎ 877.721.3481</p>
---	--

APPLICANT INFORMATION

Full Name (as it appears on legal documents): ROBERT JOE RIOS

Employee ID #: 232918

Preferred Phone #: 602-373-1939 Additional Phone #: _____

Preferred Email Address: RJRIOS1984@GMAIL.COM

Home Address: 1107 E UNIVERSITY DR

Apartment #: 107 City: MEJA State / Province: AZ

Country: UNITED STATES Postal code / ZIP code: 85203

Is your primary residence? Owned Rented Other

If, because of the disaster, you cannot receive mail at your home, provide another mailing address below:
 Additional Address: _____
 City: _____ State / Province: _____
 Country: _____ Postal code / ZIP code: _____

Marital Status: (Check one) Single Married / Domestic Partner Divorced / Separated

Eligible dependents include your spouse / domestic partner and dependents for which you are financially responsible. Proof of financial responsibility will be requested for other dependents listed, such as parents, grandparents and other relatives. A domestic partner is defined as "an on-going and committed spouse-like relationship between adults of the same or opposite gender."

Dependents names	Relationship	Age	Living with you
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No
			Yes / No

OTHER FINANCIAL ASSISTANCE: Please list details of other financial assistance you have sought or received.

Assistance Requested (Check all that apply)	Date Applied	Amount Received
<input type="checkbox"/> Homeowner's or renter's insurance	_____	\$ _____
<input type="checkbox"/> Auto insurance	_____	\$ _____
<input type="checkbox"/> Medical insurance	_____	\$ _____
<input type="checkbox"/> Social service organization e.g. Red Cross, United Way, Goodwill, local government agency	_____	\$ _____
<input type="checkbox"/> Federal Emergency Management (FEMA) or other government disaster relief organization	_____	\$ _____

- Your religious community
- Family members
- Loan program
- Associate benefits
- Other

----- \$ -----
 ----- \$ -----
 ----- \$ -----
 ----- \$ -----
 ----- \$ -----

QUALIFIED EVENTS:

These are catastrophic circumstances that arise outside of the applicant's control and cause a financial hardship for the applicant. **Supporting documentation must be provided before the application can be considered**, such as proof of incident like a doctor's note, obituary, or police, fire or insurance report, etc.

		QUALIFIED EXPENSES THAT ARE COVERED BY GRANTS																					
		IMMEDIATE NEEDS			MEDICAL			HOUSING*			TRANSPORTATION			MSC.									
		Food - immediate needs only (usually applicable up to 2-4 weeks after the Event)	Clothing - immediate needs only (usually applicable up to 2-4 weeks after the Event)	Reasonable evacuation expenses resulting from an Event	Reasonable funeral, travel and burial expenses	Significant medical expenses	Prescription medications	Travel expenses related to the medical care	Rent, temporary housing up to 30 days	Reasonable repairs to damaged property	Essential appliances and furnishings	Essential utilities (gas, water and electricity)	Security deposits for new housing if unable to inhabit existing home	Mortgage or rent assistance for primary residence	Adaptive improvements and solutions related to the Event	Repairs other than routine maintenance, or repairs that could not have been avoided	Cost of public or commercial transportation	Cost of car rental up to 30 days	Psychological counseling deemed by a physician to be necessary following an Event	Expenses resulting from flight from domestic violence such as temporary housing, etc.	Unable to work due to the event	Unexpected child care up to 60 days	
QUALIFIED EVENTS THAT ARE COVERED BY GRANTS	Date of the event described below ____/____/____																						
	Choose one (1) qualified event and circle the expense(s) in that category which you are seeking assistance with																						
	Natural disaster such as flood, wildfire, tornado, earthquake, tsunamis, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon or severe storms	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓			✓			
	Disaster resulting from an accident involving a common carrier such as buses, trains, ferry, planes or trucks	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
	Impacts primary residence fire, flood or unusual life-altering expense not paid by insurance	✓	✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
	Serious illness or injury	✓	✓			✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓			
	Non-routine/exceptional medical expense	✓	✓			✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓			
Victim of a violent crime	✓				✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Domestic abuse					✓	✓	✓				✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	
Death of employee or their immediate family member				✓									✓	✓	✓	✓	✓	✓	✓			✓	

* Primary residence only

	Eligible Expense (that you circled above)	Briefly describe expense to be paid	Amount requested
1	ESSENTIAL FURNISHINGS	I CURRENTLY IN A SHELTER AND AM	\$
2	HOUSEHOLD ITEMS	TRANSITIONING TO HOUSING AND HAVE	\$
3		NOTHING NO BED, NO FOOD, NO LINENS,	\$
4		NO FURNITURE, NO HOUSEHOLD ESSENTIALS	\$ 1,500.00

~~*** PREFERABLY HELP W/ RENT TO STAY AFLOAT \$1500.00~~

Total \$ 1500.00

Additional Information	Yes	No
Do you have insurance coverage to assist with the requested expenses?		X
Is the insurance company paying for any of your immediate needs?		X
Will insurance reimburse you for any out-of-pocket basic living expenses?		X
Were you evacuated from your primary residence?	X	
In this space or on a separate page, please explain anything else that would help in understanding the circumstances related to the event: <i>I HAVE BEEN IN A HOMELESS SHELTER I HAVE BEEN HOMELESS AND CURRENTLY I AM TRANSITIONING OUT OF HOMELESSNESS PLEASE SEE ATTACHED PAGES.</i>		

APPLICANT FINANCIAL INFORMATION

Tax regulations require that there be a determination of need at the time the grant is made and to show that the grants are made for applicants that have difficulty paying the expenses that they face due to an unforeseen event. To assist with the evaluation of this grant, please complete the parts of the Financial Statement below that apply to you so as to show a current picture of the family finances. You may be asked to provide current pay stubs or other financial documentation.

This space is available if you wish to provide information about your need for the grant. Attach another page if you need more room. *SEE ATTACHED DOCUMENTS I HAVE PURCHASED MY NECESSARY ITEMS WHICH WAS NEEDED AND NOW I AM ASKING FOR HELP W/ RENT FOR PRECAUTIONARY MEASURES.*

ASSETS: (check one)

TOTAL CASH AVAILABLE IN LOCAL CURRENCY

Local Currency Name _____

0 - 4,000 4,001 - 8,000 8,001 - 12,000 12,001 - 16,000 Other, Enter Approx. Amount \$ 400.00

ANNUAL HOUSEHOLD INCOME:

Total gross annual household income (before any taxes or deductions) \$ 28,800

Goodwill

MONTHLY INCOME:

Monthly household income after any taxes and deductions in an average month, before the event causing you to apply for assistance

Total Monthly Income

\$ 2,000.00

MONTHLY EXPENSES:

Monthly household expenses in an average month, before the event causing you to apply for assistance

Total Monthly Expenses

\$ 1,700 ^{BEFORE} _{FOOD}

Share your Story to Help Others: If you receive a grant, would you be willing to be contacted by a Goodwill representative to share your story/experience? Your full name, contact information, grant date and grant amount will be shared by Emergency Assistance Foundation, Inc. with Goodwill of Central and Northern Arizona.

Yes No

AGREEMENT AND AUTHORIZATION

I understand that no applicant is entitled to receive a grant, either by their employment, their history of contributions to the Team Goodwill Emergency Fund, or because of any precedent inferred from previous grants from the Fund. Grants will not be made before an associate has demonstrated an immediate financial need. This application will be treated in a confidential manner by the Emergency Assistance Foundation, Inc.; however Goodwill of Central and Northern Arizona will verify employment and/or Leave of Absence status only.

By signing below, you confirm that you have read and are consenting to the data collection, use, transfer, storage and other processing of personal information as described in Privacy and Cookie Statement that was provided to you with this application. Your personal information may be stored and processed by the Emergency Assistance Foundation, Inc. and its service providers in countries other than your country, including in Canada and the United States. Those countries may not have the same data protection laws as your country. To the extent that, in connection with this application, you have provided (or will provide) personal information to the Emergency Assistance Foundation, Inc. about your dependents, you certify that you have obtained their consent to the collection, use, transfer, disclosure, and processing of their personal information consistent with the Privacy and Cookie Statement and, for any individuals not legally competent to give consent, you consent on their behalf and confirm that you have the authority to do so.

I certify that the information provided in this grant application and any documentation is true and correct to the best of my knowledge as of the date this application is submitted. My signature below acknowledges and permits Emergency Assistance Foundation, Inc. to obtain or verify all information necessary to process this application. In its due diligence, if the Emergency Assistance Foundation, Inc. discovers any information to be untrue, it shall have the right to waive all confidentiality and report its findings to Goodwill of Central and Northern Arizona. Any intentional misrepresentation or material omission of information or documentation contained in this application will result in forfeiting this and any future grant applications.

Applicant Signature 

Date: 11/17/2025

Team Goodwill Emergency Fund Grant Application

The Team Goodwill Emergency Fund was created to help employees who are facing financial hardship immediately after a qualifying disaster or unforeseen personal hardship. The grant application must be submitted within 90 days of the event. Application eligibility and grant amounts are not based on the applicant's donation history. An applicant can only receive a grant for financial assistance once within a 12-month period. In the case of an application that is not approved, the applicant is eligible to submit a new application for a different event after twelve months.

FINANCIAL ASSISTANCE

Grants from the Team Goodwill Emergency Fund are intended for employees who are most vulnerable to financial distress caused by a qualifying event. The size of each grant is based on the need expressed in the application, the criteria set forth, and the health of the fund. The maximum amount available for each incident is \$1,500 and the minimum amount that can be requested is \$500. Refer to the Application FAQs for more information. Whenever possible, grants are paid to vendors, rather than the individual applicant.

GRANT APPLICATION PROCESS

The Team Goodwill Emergency Fund and the application review process is administered by the Emergency Assistance Foundation, Inc. Goodwill of Central and Northern Arizona and Emergency Assistance Foundation, Inc. are committed to protecting the confidentiality and security of personal information that Emergency Assistance Foundation, Inc. may receive in connection with the Team Goodwill Emergency Fund; however, Goodwill of Central and Northern Arizona will verify employment and Leave of Absence status only. Emergency Assistance Foundation, Inc. will use and otherwise process personal information in accordance with and for the purposes described in the Privacy and Cookie Statement.

Applications will not be considered until they are complete. Once they are submitted the normal turnaround time is within 10 business days. Keep a complete copy of the application for your personal records.

If the application is approved, the Team Goodwill Emergency Fund will issue a grant according to the need determined. Whenever possible, grants are paid to vendors, rather than the individual applicant.

-
- By checking this box, I confirm that I am: (you must check the boxes that applies to you):**
- Employed by Goodwill of Central and Northern Arizona or its affiliates on the date of application; and
 - Regularly scheduled to work 24 or more hours per week; or
 - on approved medical leave or an approved leave of absence for no more than 6 months

Initials RJR Date 11/17/2025

DETAILED LIST OF BILLS FOR CONSIDERATION

Please list the bills that you would like the Fund to consider paying on your behalf. These bills must relate directly to the qualified event that has caused your financial hardship. **They should match the eligible expenses you listed above.**

Required Documentation: For each vendor you list, please provide documentation such as copies of current bills, invoices, or other documents that show current amounts owed to vendors.

1	Vendor/creditor name	SUNDIAL REALTY
	Vendor/creditor address	1128 E. GREENWAY ST, MESA, AZ 85203
	Vendor/creditor phone number	480-966-2170
	Applicant account number	1107-107
	Essential need provided (rent, electricity,	
	Amount requested	\$ 1500.00
2	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity,	
	Amount requested	\$
3	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity,	
	Amount requested	\$
4	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity,	
	Amount requested	\$
5	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity,	
	Amount requested	\$
6	Vendor/creditor name	
	Vendor/creditor address	
	Vendor/creditor phone number	
	Applicant account number	
	Essential need provided (rent, electricity,	
	Amount requested	\$

PRINT ADDITIONAL PAGES AS NECESSARY