



ALITI CARES Charity Efforts

Poverty Relief Projects: Support and Financial Relief for Low Income Families

www.alinaliwo.com/aliticares

Request for Charity Care/Financial Assistance

Dear Applicant:

In keeping with our mission and core values, we are committed to providing financial relief for people in an effort to reduce the poverty that affects the world.

Our Charity Care/Financial Assistance:

ALITI CARES Charity Efforts raises funds to financially assist proven low-income families to give them the financial boost or temporary support they need to keep from going off the edge and to assist them with getting back on their feet.

To view more information on our ALITI CARES Charity Efforts, visit our website: <https://alinaliwo.com/aliticares>

What does financial assistance cover?

Our assistance is provided to families for a minimum of 1 month and a maximum of 3 months to ensure that our efforts are not wasted. The financial relief provided is extended to families in need with assistance for personal and general financial family problems.

If you have questions or need help completing this application: Our financial assistance policies, information about the programs, and application materials are available on our website. You may obtain help for any reason, including disability and language assistance. Here's how to contact us:

<https://alinaliwo.com/aliticares>

Customer Service Representatives at:

aliticares@gmail.com

In order for your application to be processed, you must provide:

- Information about your family

Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)

- Information about your family's gross monthly income (income before taxes and deductions)
- Declare assets (as listed on financial assistance application form)
- Attach additional information if needed
- Sign and date financial assistance form

****Income Source Verification Required****

Please submit with your application copies of the following documents:

- ♣ 3 months of employment pay stubs
- ♣ Recent filed tax return for all family members
- ♣ Please provide proof of any other income source as listed on financial assistance application form

Kindly email completed application with all documentation to (be sure to keep a copy for yourself) to:

aliticares@gmail.com

We will notify you of the final assistance determination of eligibility within 14 calendar days of receiving a complete financial assistance application, including documentation of income.

By submitting a financial assistance application, you give your consent for us to make necessary inquiries to confirm financial obligations and information.

We want to help. Please submit your application promptly and properly.

Charity Care/Financial Assistance Terms of Agreement – Applicant Interviews

Our ALITI CARES Worldwide Projects and Charity Efforts works on providing financial relief to families around the world who are in need of short-term assistance to keep them from being homeless and having their families split up.

The financial assistance provided comes from donations worldwide. Our organization maintains a strict policy of transparency, affording donors and sponsors with the opportunity to donate to our applicants via ALITI CARES *or to our applicants – directly*.

By completing and returning this form, if approved for financial assistance, you understand and agree to have your application form viewed by our donors and sponsors. Out of respect for your privacy, sensitive information, such as your name(s), address, contact details and ID details, ***WILL BE BLACKED OUT***; making your identity anonymous to our donors and sponsors. This process is important, to secure our donors and sponsors that 100% of their donations are reaching families in need.

By completing and returning this form, if approved for financial assistance, you understand and agree to either of the following:

1. A Public or Anonymous Applicant Interview
 - a. Audio interview, explaining your current circumstances and why you are in need of funding.
 - i. Anonymous audio interviews will have applicant's voice altered.
- OR
- b. Video interview, explaining your current circumstances and why you are in need of funding.
 - i. Anonymous video interviews will have applicant's face blurred out.

As an applicant, you will have the right to publicly or anonymously document your need for financial assistance; however, *all Applicant Interviews will be made public. ***This is an important step in our funding process.****

Due to the large amounts of charity organizations worldwide, the world has become desensitized to the plight of others. In addition to that, a lot of charity organizations only give 10% of received donation funds to those in need. By putting a face or a voice to our ALITI CARES donation recipients, we are enabling people to easily empathize with the situation. Furthermore, it encourages more donations and supports our organizations transparency policy.



Charity Care/Financial Assistance Application Form – confidential

FAMILY INFORMATION					
List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.					
FAMILY SIZE					
Name	Date of Birth (MM/DD/YR)	Relationship to Applicant	If 18 years old or older: Employer(s) name or source of income	If 18 years old or older: Total gross monthly income (before taxes):	Also applying for financial assistance?
					Yes / No
					Yes / No
					Yes / No
					Yes / No
All adult family members' income must be disclosed. Sources of income include, for example: - Wages - Unemployment - Self-employment - Worker's compensation - Disability - SSI - Child/spousal support - Work study programs (students) - Pension - Retirement account distributions - Other (please explain _____)					

INCOME INFORMATION
REMEMBER: You must include proof of income with your application
<p>You must provide information on your family's income. Income verification is required to determine financial assistance.</p> <p><u>All family members 18 years old or older must disclose their income. If you cannot provide documentation, you may submit a written signed statement describing your income. Please provide proof for every identified source of income. Examples of proof of income include:</u></p> <ul style="list-style-type: none"> A "W-2" withholding statement; or Current pay stubs (3 months); or Last year's income tax return, including schedules if applicable; or Written, signed statements from employers or others; or Approval/denial of eligibility for Medicaid and/or state-funded medical assistance; or Approval/denial of eligibility for unemployment compensation. <p>If you have no proof of income or no income, please attach an additional page with an explanation.</p>

EXPENSE INFORMATION								
<i>We use this information to get a more complete picture of your financial situation.</i>								
<p>Monthly Household Expenses:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Rent/mortgage \$ _____</td> <td style="width: 50%;">Medical expenses \$ _____</td> </tr> <tr> <td>Insurance Premiums \$ _____</td> <td>Utilities \$ _____</td> </tr> <tr> <td>Food \$ _____</td> <td></td> </tr> <tr> <td>Other Debt/Expenses \$ _____</td> <td>(child support, loans, medications, other)</td> </tr> </table>	Rent/mortgage \$ _____	Medical expenses \$ _____	Insurance Premiums \$ _____	Utilities \$ _____	Food \$ _____		Other Debt/Expenses \$ _____	(child support, loans, medications, other)
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ASSET INFORMATION	
<i>This information may be used if your income is above 200% of the Federal Poverty Guidelines. Having assets will not influence our decision on whether to provide you with financial assistance, so please answer truthfully.</i>	
Current checking account balance \$ _____ Current savings account balance \$ _____	Does your family have these other assets? Please check all that apply <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> 401K <input type="checkbox"/> Health Savings Account(s) <input type="checkbox"/> Trust(s) <input type="checkbox"/> Property (excluding primary residence) <input type="checkbox"/> Own a business

ADDITIONAL INFORMATION
Please attach an additional page if there is other information about your current financial situation that you would like us to know, such as a financial hardship, seasonal or temporary income, or personal loss.

APPLICANT AGREEMENT		
<p>I understand that Providence Health & Services may verify information by reviewing credit information and obtaining information from other sources to assist in determining eligibility for financial assistance or payment plans.</p> <p>I affirm that the above information is true and correct to the best of my knowledge. I understand if the information I give is determined to be false, the result will be denial of financial assistance, and I will be responsible for and expected to pay for services provided.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Signature of Person Applying </td> <td style="width: 50%; border: none;"> _____ Date </td> </tr> </table>	_____ Signature of Person Applying	_____ Date
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