

# Dennis P. McCoy Employee Crisis Fund

## Application for Crisis Grant

The Dennis P. McCoy Employee Crisis Fund is a non-profit public charity, funded primarily by tax-deductible payroll contributions from employees of McCoy's Building Supply and managed by volunteer employees of McCoy's Building Supply. Its purpose is to provide limited financial assistance in the form of non-repayable grants to eligible employees of McCoy's in cases of economic hardship due to certain emergency situations.

Eligible emergency situations are short-term or temporary in nature, not chronic. Examples include a personal or family crisis involving a serious financial need, unexpected medical expenses resulting in severe economic hardship. We prioritize emergencies that threaten shelter, child welfare, medical treatment and basic household needs.

**Eligibility requirements include:**

- Employee must have worked for McCoy's a minimum of 6 months based on their official anniversary date.
- Full-time and part-time employees are eligible to apply.
- Hourly and salaried employees are eligible to apply.
- Surviving dependents of qualified employees are eligible to apply for up to six months following the death of the employee.
- Application submissions are limited to one per 60 days.
- Please refer to current bylaws for full description of eligibility requirements.

**Process:**

- 1) Complete the attached application and fax to 866-496-5105 or email to [intake@mccoyemployeeecrisis.org](mailto:intake@mccoyemployeeecrisis.org).
- 2) The Administrator will review your application for completeness and contact you.
- 3) Your personal identifying information will be removed when the application is forwarded to the Application Committee for review.
- 4) The Application Committee makes decisions regarding awards and all decisions are final.
- 5) You will be notified (usually by phone) of the committee's decision.
- 6) In most instances, the review process takes no more than five working days. If there are delays for any reason, you will be notified.
- 7) Award amounts are made at the discretion of the Application Committee and may be less than amount requested. Checks are usually mailed directly to billers/creditors.

**Questions:**

If you have questions or need assistance completing this application, please call 877-639-1679 or email [intake@mccoyemployeeecrisis.org](mailto:intake@mccoyemployeeecrisis.org).

**Applicant Information – please print**

Date of application		
Employee name		
Employee #		
Date of hire		
Work location/store number		
Residence address		
City, State, Zip		
Cell phone		May we Text?   Yes   No
Other contact phone – Work/landline/etc.		
Email address		
Names of other family member(s) employed by McCoy's (relationship)		
Marital status (single, married, divorced, separated, etc.)		
<i>If someone besides the employee completed this form – name and phone#</i>		

## Your Financial Emergency Information

**What type of emergency is this?**

Example: medical, death in the family, victim of a crime, natural disaster, loss of employment, etc.

Is any aspect of this situation the result of Natural Disaster (hurricane, flood, wildfire, etc.)  Yes  No

**Please tell us your story. What happened that caused your situation?**

**Is any part of this situation covered by insurance, Medicare, unemployment, or other system? Please describe.**

**Describe why this is a crisis situation:**

**What steps have you already taken to resolve the crisis?**

**Attach copies of estimates or invoices related to this application (repair estimates, funeral expenses, medical bills, utility bills).**

<b>Amount Requested: \$</b>
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*Grant amounts are limited. Refer to our website for current limitation details - <https://www.mccoyemployeeecrisis.org/>*

**Household Financial Information**

	<b>Typical Monthly Income:</b>	<b>Income after crisis/event (if different)</b>
Applicant income per month (Please attach most recent pay stub)		
Spouse/other income per month (Please attach most recent pay stub)		
Child support received		
Other income per month (Examples: disability insurance, social security, 2 <sup>nd</sup> job, unemployment, rent received, etc.)		
<b>TOTAL MONTHLY NET INCOME</b>		

	<b>Typical Monthly Expenses</b>	<b>Expenses after crisis/event (if different)</b>
Rent or mortgage payment		
Utilities (electric, water, trash, etc.)		
Auto loan payment(s)		
Auto fuel		
Groceries		
Eating out		
Phone (cell and/or landline)		
Cable and/or internet		
Child care paid		
Child support paid		
Credit card payments (amt. paid per month)		
Student loan payment(s)		
Out of pocket medical expenses (not covered by insurance)		
Other misc. loans/debt (please list)		
Other misc. expenses (please list)		
<b>TOTAL MONTHLY EXPENSES</b>		

**Are you past due on any bills? Please list:**

**Assets:**

Amount in savings account		As of date:	
Amount in checking account		As of date:	

**Credit Cards – List by name**

**Current Balance**

**Available Credit**

Credit Cards – List by name	Current Balance	Available Credit
		As of date:
		As of date:
		As of date:

**Please provide information about your dependents.**

Age of dependent	Relationship to applicant	Resides with you? Yes/No	Do you directly support this dependent? Yes/No

Are any of these dependents providing income to you (child support, social security, paying rent, etc.? If so, what is monthly income amount? \$ \_\_\_\_\_

**Confirmation**

I, \_\_\_\_\_, confirm that the information contained in this application is true to the best of my knowledge and is a fair and accurate picture of my current financial situation.  
(print full name)

Applicant signature

Date

**REMINDER:**

- Attach/send most recent pay stub(s)
- Attach/send copies of statements or invoices