



Pandemic Relief Limited-Time Supplemental Grant Guidelines and Application

In support of our Opens Doors families during the global pandemic, the Foundation is accepting applications for a supplemental, second month of rental or mortgage assistance. Eligible grantees include those who have already received a one-month grant award for February, March, and April 2021 and those applying for grants now through the December 2021 grant cycle.

To qualify for a supplemental grant, **the child must be hospitalized for 15 or more days or have a combination of 25 days of in-patient and professional in-home care beginning January 1, 2021.** All other qualifications for the Home Grant Program remain unchanged. Applications for supplemental support may be submitted at the same time (concurrently) as the standard grant application or can be submitted at the time in which the family meets the additional qualifications. **To qualify for supplemental support, both the full, standard application and the supplemental grant application must be completed.** Both applications may be submitted at the same time. If a standard application for February, March, April and May grants has already been submitted, there is no need to resubmit that application – only the supplemental application is required. Approved applications that are submitted concurrently will receive one lump payment for two months of either mortgage or rental support. It is the responsibility of the family to verify with their mortgage lender or rental agency how the lump payment is applied, (i.e., we recommend that mortgage grantees notify their lender/landlord upon notification of the grant award, that the lump sum payment should be applied to the next two mortgage/rent payments due).

Supplemental Application Check List (All sections are required unless otherwise stated in the application):

- Section 1 (Personal Information):** All applicants must complete this section in full. If your primary residence has changed, grantee is required to include an updated mortgage statement/lease and bill verifying their home address with the supplemental application.
- Section 2 (Medical Information):** Social workers should verify the applicant child had at least 15 days of inpatient care OR a combination of at least 25 days of inpatient and full-time professional home care since January 1, 2021.
- Section 3 (Family & Financial Hardship Information):** Please provide an update on your family, including details of financial hardship since receipt of the first grant. Applicants applying for both grants concurrently may fill out the standard application portion of Family & Financial Hardship and leave this section in the supplemental grant application blank.
- Section 4 (Rental Grant Payment Information):** All applications must include a receipt verifying rent is no more than 60 days past due. If supplemental applications are submitted separately (i.e., not concurrent with the standard application) please provide updated direct deposit payment or check payment information here. If the applicant's living situation has not changed, Opens Doors will use the lease and payment information already provided with the standard application.
- Section 5 (Mortgage Grant Payment Information):** All applications must include a receipt verifying mortgage is no more than 60 days past due. If supplemental applications are submitted separately (i.e., not concurrent with the standard application) please provide updated direct deposit payment information here. If the applicant's living situation has not changed, Opens Doors will use the mortgage information already provided with the standard application.
- Section 6 (Signatures):** Signatures from both the parent/guardian and medical staff must be completed.

This Supplemental Grant Application must be typed and filled out in full. Standard and supplemental applications received by the **10th of the month will be processed for grant awards made for the 1st of the following month.**

Fill out the application electronically, making sure that all sections have been completed. The signature page (page 4) can be completed electronically (instructions included on page 4) or printed, signed, and scanned. Social workers should email the application, signed signatures page and all additional required documentation to: applications@mbaopensdoors.org.



Pandemic Relief Limited-Time Supplemental Grant Application

1. Personal Information (Please complete this section in full)

Applicant's Child's First Name Applicant's Child's Last Name Child's Date of Birth

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1 First Name Last Name

Parent/Guardian 2 First Name (if applicable) Last Name (if applicable)

Home Address (REQUIRED) City State Zip

2. Medical Information

***Child has had at least 15 days of inpatient care OR a combination of at least 25 days of inpatient and full-time professional home care since January 1, 2021.** Yes No

Additional Hospitalization or In-Home Care Dates (REQUIRED if the supplemental grant application is submitted after and separate from the standard application. Please list all care dates in 2021.)

Admit – Discharge Date(s) Hospital Name / In-Home Care Provider

Admit – Discharge Date(s) Hospital Name / In-Home Care Provider

Admit – Discharge Date(s) Hospital Name / In-Home Care Provider

Admit – Discharge Date(s) Hospital Name / In-Home Care Provider

3. Family & Financial Hardship Information

Please provide an update on your family, including details of financial hardship since receipt of the first grant.

4. Rental Grant Payment Information (Fill out only if this information differs from the information provided in the standard application.) Please note that MBA Opens Doors Foundation prefers to make grant payments via direct deposit when possible.

A. Direct Deposit Payment Information (for payment to the applicant)

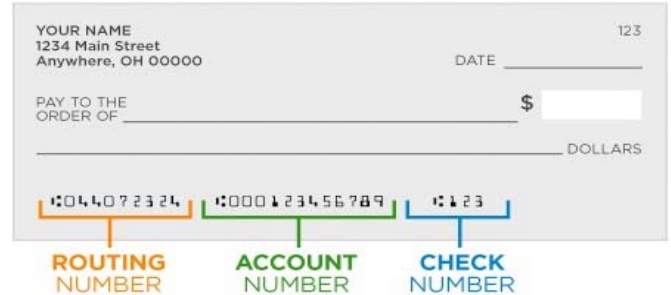
Exact name of Account Holder(s) on bank account (e.g., name of parent/guardian to whom the grant payment will be made. Name(s) must match that of the account holder(s).

Name of Financial Institution in which the account is held (e.g., SunTrust) _____ City _____ State _____ Zip _____

Routing Number (nine-digit number) _____

Account Number _____

Account Type (Savings or Checking) _____



B. Check payment. If Direct Deposit is not possible and a check is required, please make check payable to:

Name _____

Address _____ City _____ State _____ Zip _____

If you prefer payment be sent directly to landlord/property manager at the address above, make check payable to:

5. Mortgage Grant Payment Information

(Fill out only if this information differs from the information provided in the standard application.) Please note that MBA Opens Doors Foundation prefers to make grant payments via direct deposit when possible. An updated mortgage statement is required.)

A. Mortgage Company/Lender Direct Payment Information (not personal banking information)

Name of Receiving Institution (e.g., Bank of America, ABC Mortgage Co.) _____ City _____ State _____ Zip _____

Lender's ABA Routing Number _____

Lender's Account Number _____

B. Check payment. If Direct Deposit is not possible, a check can be mailed to your mortgage lender. Please make check payable to:

Please contact your mortgage lender if you have questions about any of the required information in this section.

Name of Lender _____

Lender's Remittance/payment address _____ City _____ State _____ Zip _____

Mortgagee's Account Number _____

6. Supplemental Second Grant Signatures (REQUIRED – BOTH THE STANDARD APPLICATION AND THE SUPPLEMENTAL APPLICATION MUST BE SIGNED)

To sign digitally, click in the box and select “A new digital ID I want to create now”; then click **Next**. Select “Windows Certificate Store”; click **Next**. Fill in your name and email address and click **Finish**. A box with your digital signature will pop up – click **Sign**.

If you would prefer to manually sign the application, please print this page, sign, and send back as a separate PDF.

Medical Team - Signature

I certify the medical information provided in this application is accurate and I am authorized by the Family and Health Care Provider to submit this application.

*Signature Date

Print Name of Social Worker/Health Care Provider Department/Program, e.g., HEMOC, Transplant, NICU

Hospital/Company Email Address Phone

Grant Payment – Signature(s) – TO BE SIGNED BY THE GRANTEE

I have read and agree to the guidelines outlined in this Supplemental Grant Application. I attest this information is true to the best of my ability. I authorize my child’s medical care provider to discuss my child’s medical information pertinent to this case with representatives of MBA Opens Doors Foundation. I understand that the grant is at the discretion of the MBA Opens Doors Foundation and that its Board of Directors may adjust guidelines for future grants, at their discretion. I also understand that I may not apply for another grant from the MBA Opens Doors Foundation for 12 months from the date in which the Supplemental Grant is awarded.

Only complete applications providing all attachments and supporting documentation will be reviewed. All application criteria must be met. Incomplete applications may be re-submitted upon completion and will be considered for the next grant award cycle.

I hereby grant MBA Opens Doors Foundation and Mortgage Bankers Association permission as follows:

- A. **Consent to use my family’s stories** without restriction in all media. This consent applies to my child’s name and photo and my name and photo, as well as the story of my child’s illness and treatment, to promote the mission of the MBA Opens Doors Foundation and to solicit funds to support its grant making programs.
- B. Use our story, however, **please keep my family anonymous**.
- C. Please **do not** use our story.

I understand that neither my child nor I will receive any compensation for the use of our information/photo(s) as described in this release. I waive any rights of privacy and/or approval of the materials in which our name and/or likenesses may be used.

I/we hereby certify that the information provided is true and complete.

Parent/Guardian 1 Signature Print Name Date

Parent/Guardian 2 Signature (If Applicable) Print Name Date