

OutriggerCARES Program Application (APAC Properties)

Section I- Host Information					
Host Name:				Date:	
Host ID Number:		Email:		Phone:	
Home Address:			Apt:		
City, State, Zip					
Mailing Address:			Apt:		
City, State, Zip:					
Do you own or rent your home?			If renting, do you have renter's insurance?		
How many people live in your household, including yourself?					
Section II- Hotel/Work Location					
Hotel Name:			Department:		
Position:			Date of Hire		
Manager's Name:			Current Employment Status	(FT/PT/OC)	
Are you currently working any shifts at your hotel?			Are you currently on leave?	Y/N	
Section III- Statement of Need					
Describe your personal situation and the assistance needed most at this time (rent, food, utilities, mortgage, car repairs, etc.) and the amount of funds needed. Your manager can assist you with this. Please include details and attach any appropriate supporting documents.					
Is your need related to loss/damage of personal property? (describe)					
Are your losses/damage covered by insurance?					
Name of Insurance company:					
Documentation of loss/claim is required. Please attach with your application					
Have you requested assistance from the OutriggerCARES Program previously?					
If yes, when?					

Section IV - Statement of Other Financial Resources Please list the financial resources currently available to you. Report amounts for the household, not just you as the applicant. This information will help the Selection Committee ensure those with the greatest need receive help.	
Are you currently, or have you previously received financial assistance, outside of the OutriggerCARES Program?	
If yes, please specify the type of aid received and the amount	
Current Financial Resources – Examples: Unemployment Benefits, other job compensation, interest on banking accounts, rental income, royalties, etc.	
Financial Resources	Amount
Does your household collectively have more than \$2,500 in checking and savings accounts?	
Other financial resources not described above: Include brief description	
Total amount of other available funds:	

	* By checking this box and submitting this form, I am affirming that the above information is true and accurate to the best of my knowledge.		
Signature:		Date:	