



Financial Assistance Application

After completing this form, save as a PDF to your desktop.

If you are using a Mac, please see instructions on the last page of this application.

Today's Date:

Employee Information

Name:

Current Address:

City:

State:

Zip Code:

Primary Phone:

E-mail Address:

Number of adults in household, including self:

Number of dependents (under age 19):

Bookstore Name:

P/T

F/T

Owner

Store Location: City:

State:

Hire Date: *Month/Year* /

Monthly Net Household Income

Employee Income: \$

(Monthly income obtained by yourself through your bookstore job)

Partner/Spouse Work Income: \$

(Monthly income obtained by partner, spouse or other family member in your household)

Additional Income: \$

(Other monthly income obtained by yourself through additional jobs, alimony, child support, disability, insurance payments, etc.)

Please explain:

TOTAL Monthly Net Income: \$



Name of bank where you have a checking account:

Current Checking Account Balance: \$

Current Savings Account Balance: \$

Total Credit Card Debt: \$

Total Past Due Bills: \$

Please explain:

Current Financial Situation

Monthly Household Expenses

Housing: \$
(Includes mortgage/rent, housing fees, and homeowners or renter's insurance)

Utilities: \$
(Includes gas, electric, heating oil, water, sewer, primary phone, internet, excluding cable)

Food: \$
(Includes groceries, meals out, snacks and beverages for the entire household, excluding pet food)

Transportation: \$
(Includes monthly car payment, insurance, gas and/or public transportation costs)

Medical: \$
(Includes regular monthly out-of-pocket medical or dental expenses, over-the-counter or prescription medication not covered in a household member's paycheck)

Childcare: \$
(Includes out-of-pocket expenses for childcare not subsidized for minors/elders in your household during work hours)

Debt Repayment: \$
(Includes child support, garnishments, IRS repayments, bankruptcy's etc.)

Other Debts: \$
(Includes cable, credit card payment, student loan repayment, other regular monthly expense, not included in other sections)

Please explain:



Description of Emergency and/or Hardship

To help the Binc Foundation better understand your circumstances, please complete the following questions.

1. What specific life event has precipitated your current short-term financial need, and when did it occur?
(Please refer to the policy and instructions document for a list of typical qualifying life events.)

2. For which bills are you most in need of assistance?
(Please keep in mind Binc assistance is for essential living expenses only)

3. Have you or do you plan to utilize any company benefits to meet your needs?
(Other resources may be available to you through your employment, including personal and vacation time, medical and dental insurance, and/or a 401(k) loan).

Yes No If yes, what benefits have you used or plan to use?



4. What other sources of support are available to you?
(Examples include family, community resources, insurance, etc.)

5. Have you or another household member previously requested assistance from the Binc Foundation (or the Borders Group Foundation)?

Yes No If so, when *(MonthYear)?* /

6. How did you hear about the Binc Foundation?
(Manager, other store employees, company communications, industry communications, etc.)

Acknowledgement

By checking the 'Yes' box and/or signing below, I represent and acknowledge that the above information is accurate and true to the best of my knowledge and has been provided in conjunction with my application for charitable assistance to the Book Industry Charitable Foundation.

Yes
(Check this box for online applications)

Signature: _____
(Signature is needed when submitting a hardcopy application.)

After completing this form, save as a PDF to your desktop. Email as an attachment to help@bincfoundation.org with supporting documents.

If you have questions about the financial assistance program, your eligibility or about qualifying life events please refer to the application instructions document.



Saving Fillable Forms on a Mac

There is a special process for saving the data in this fillable form on a Mac. If you do not follow these steps, your form will most likely arrive with no data visible.

- You can either save the blank form to your computer or go ahead and fill it in.
- Once you fill it in (either on the website or from your local folder), you need to follow these instructions to save the form as a PDF and retain the data therein:
 - ~ Click **File**
 - ~ Click **Print** (Don't worry; you don't need to have your printer ready at this point. You are actually "printing" the document to a PDF, not a printer.)
 - ~ Find **PDF** on your screen. It's usually down in the bottom left, but the location can vary depending on how you go into the Print screen.
 - ~ Click on **PDF** and then **Save as PDF...**
 - ~ Choose the location to which you want to save the document (we recommend your Desktop), and click **Save**.
 - ~ This is the file you want to submit to the Binc Foundation.