

Simon J. Mariani Foundation, Inc. Emergency Assistance Application

For Office Use only Application number: _____ <small style="display: block; text-align: right;">original 04/01/2026</small>

Emergency Assistance Program Application

The Program: The Simon J. Mariani Foundation, Inc. Emergency Assistance Program has been developed as a resource to individuals and families who have experienced a financial hardship due to a tragedy, disaster, or other extreme life event. This program enables individuals and families to apply for a grant to help cover basic living needs.

Eligibility: You are eligible to apply if you meet the following conditions:

You or an eligible dependent have experienced financial hardship due to a qualifying event that happened within the past 90 days. A qualifying event is:

- A natural disaster (flood, earthquake, wildfire, tornado, etc.) that has affected your primary residence.
- A serious illness or injury (yourself or eligible family member) that affects your ability to pay for basic living expenses.
- A death (employee or eligible family member), when loss of income, funeral expenses, or uninsured medical expenses affect your ability to cover basic living expenses.
- Catastrophic or extreme circumstances (fire, robbery, assault, domestic abuse) that affect your ability to cover basic living expenses.

Grants: Submitting a grant application does not guarantee support. The maximum annual program support is \$2,500, and a grant may be less than this amount. All grant checks will be sent directly to a vendor to cover eligible expenses from a current bill or invoice. In certain, limited instances, distributions may be made directly to individuals.

Application: To be considered for grant support, complete all four pages of the application. Print your name at the top of each page. Incomplete applications cannot be considered. Attach current bills, invoices, and supporting documentation.

Send your completed, signed application with supporting documentation to info@simonjmarianifoundation.org or mail to
 Simon J. Mariani Foundation, Inc.
 324 Valley View Drive North
 Franklin Lakes, NJ 07417

Generally, you will be notified of the status of your application within 10 calendar days of submitting a complete application.

SECTION 1: INFORMATION ABOUT YOU

Note: all information contained in this application is confidential and will not be shared by Foundation personnel

Name (printed clearly):			
Permanent Home Address:			
City:	State:	Zip:	
Daytime phone:	Other phone:	Email:	
Do you prefer contact by:		Have you applied to this program before?	If so, when?
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Location (if different than above):	City:	State:	Zip:

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Name, printed clearly: _____

SECTION 2: DESCRIBE YOUR SITUATION

Which qualifying incident caused your current financial hardship:

Natural Disaster **Serious Illness or Injury** **Death in Family** **Catastrophic or Extreme Circumstances**

Detail of incident: _____ Date of incident: _____
(tornado, flood, type of illness or surgery, deceased's name & relationship, name of circumstance, etc.) (must be within 90 days of application)

Was the incident covered by insurance? Yes No If yes, is your application today being submitted after insurance coverage has been applied? Yes No If no, why not?

Describe what happened that caused your financial hardship:

Please tell us anything else you feel would help us understand the hardship you and your family are experiencing as a result of this incident:

Have social service agency resources been requested or used? If you have already received services, please tell us which organization(s), how they were able to help, and include details of monetary or other support:

Your church, the American Red Cross, Salvation Army, FEMA, and other local agencies may also be able to help.

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Name, printed clearly: _____

SECTION 3: SPECIFIC REQUEST

Grants are paid to vendors in response to an unpaid bill or invoice for eligible, basic expenses. Examples of eligible expenses:

- rent, mortgage or other housing payments
- temporary housing and security deposits for new housing
- utility bills (electricity, heating, water, etc.)
- medical expenses not covered by insurance, including needed equipment
- home repairs or services necessary to restore or maintain safety
- funeral expenses for an immediate family member
- car repairs (if company requires you to use your personal vehicle in the

course of your job duties) See **Grant Documentation** below for more detail.

The Program **cannot** consider:

- | | |
|--|---|
| <ul style="list-style-type: none"> • legal fees* • credit card debt • cable, phone or internet, unless required by job • car payments • furniture, appliances, electronics • grave markers | <ul style="list-style-type: none"> • collection agency payments • student loans or expenses • repairs due to negligence or neglect • travel expenses • insurance payments or co-pays |
|--|---|

Grant Payment: If an application is approved, payment(s) to the vendor(s) will be made by check and will include the individual's account number, if applicable, and a copy of the bill or invoice provided with the application. You will be notified of the status of your application by email or by mail to the address indicated on the application or via email if you listed an email address on the first page.

Grant Documentation: Please list the bills you need assistance with, *listing the most important ones first*. If you are requesting payments to more than three vendors, attach a page with identical information provided. Please include the following:

- Bill, invoice, lease, mortgage coupon or statement of amount due.
- A published obituary or death certificate is required for expenses relating to a death that are not included on an invoice from a mortuary.
- Fire, police, or other official reports are required for applications resulting from catastrophic events.
- Approved travel must be arranged through a foundation approved agency; applicant cannot be reimbursed.

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

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Vendor Name	
Vendor Mailing Address, City, State, Zip State:	
Vendor Employer Identification Number (EIN)	Invoice/Bill due date:
Your account number	Payment amount:

Name, printed clearly: _____

SECTION 4: ESSENTIAL PROGRAM INFORMATION

This charitable fund was established in 2025 by the Simon J. Mariani Foundation, Inc. and has received contributions from individuals and companies to support the organization's charitable purposes.

An application does not guarantee grant support.

Your signature below signifies that you understand the paragraph above, that only one application for support can be filed in a calendar year (except in extraordinary circumstances), that the annual maximum that you can request is \$2,500, and that any approved support may be below this amount.

Your signature below also certifies that the information you provided is true and complete, releases the Simon J. Mariani Foundation, Inc. from any liability associated with the denial of or funding of this application, and authorizes the Foundation to verify information provided in connection with processing this application.

Signature: _____ Date: _____

Before you submit, complete the Application Checklist for your own peace of mind:

- I read the requirements and I feel that I qualify
- I emailed info@simonjmarianifoundation.org with any questions I had
- I completed Sections 1, 2 and 3 with all the details requested
- I am enclosing current required documentation for each vendor listed in Section 3. If applicable, I also included documentation of the incident, such as an obituary, police, or fire report
- I read Section 4 thoroughly, and signed and dated my application
- I am keeping a copy of my application for my files
- I am emailing or mailing my entire application and supporting documentation to the **Simon J. Mariani Foundation Emergency Assistance Program C/O Simon J. Mariani Foundation, Inc.**

The **Simon J. Mariani Foundation Emergency Assistance Program**, is part of the Simon J. Mariani Foundation, Inc. The Foundation is an IRS approved Code Section 501(c)(3) public charity and does not discriminate on the basis of race, religion, creed, national origin, gender, age, color, sexual orientation, veteran status, physical or mental disability. The Simon J. Mariani Foundation, Inc. is solely responsible for all decisions regarding charitable distributions from the **Simon J. Mariani Foundation Emergency Assistance Program**.

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