



HIGHGATE ASSOCIATE RELIEF FUND GRANT APPLICATION

The Highgate Associate Relief Fund was established to provide financial resources for associates who are experiencing financial hardship caused by natural disasters or catastrophic events.

PLEASE REVIEW THE GUIDELINES PRIOR TO COMPLETING THIS APPLICATION.

Applications will not be considered unless all requested information with supporting documentation is received.

SECTION I: Associate Information

Date of Application _____

First Name _____ Last Name _____

Email _____ Phone _____

Current Address _____ City, State _____ Zip _____

Do you own or rent your home?

- Own
 Rent

If renting, do you have renter's insurance?

- Yes
No

How many people live in your household, including yourself?

SECTION II: Hotel/Work Location Information

Hotel Name _____

Position _____ Date of Hire _____

Hotel Address _____ State _____ Zip _____

Name of General Manager _____

Current Employment Status

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Non-union |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Temporary Furlough |
| <input type="checkbox"/> Union | <input type="checkbox"/> Layoff |

Are you currently working any shifts at your hotel?

- Yes
 No

SECTION III: Statement of Need (DO NOT LEAVE BLANK)

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 and may submit the application on your behalf if necessary. Please include details and attach any appropriate supporting documentation.

Is your need related to loss/damage of personal property?

- Yes
- No

Are your losses/damage covered by insurance?

- Yes
- No

Name of Insurance Company: _____

*Documentation of loss/claim is required. Please attach with your application.

Have you requested assistance from Highgate Associate Relief previously?

- Yes
- No

If yes, when did you submit your application? _____

Was your request approved?

- Yes
- No

If yes, how much did you receive? _____

SECTION IV: Statement of Other Financial Resources (DO NOT LEAVE BLANK)

Please list the financial resources currently available to you, including, but not limited to, the following. 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 Highgate Associate Relief?

- Yes
- No

If yes, please specify the type of aid received: _____

If yes, how much did you receive? _____

Current Financial Resources (Select all that apply)

- Unemployment compensation
- Other compensation
- Interest on banking accounts
- Rents, royalties, etc.

Describe other compensation if applicable: _____

Monthly unemployment compensation: _____

Monthly other compensation: _____

Monthly interest: _____

Monthly rent, royalties, etc.: _____

Does your household collectively have more than \$2,500 in checking and savings accounts?

- Yes
- No

Other financial resources not described above, include a brief description: _____

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

The Highgate Charitable Foundation/Highgate Associate Relief Fund have the right to request additional information to substantiate and facilitate the application process. GM/Manager/Corporate Leader may submit application on associate's behalf.

WHAT HAPPENS NEXT?

Once your application is received you will receive a notification confirming your application has been submitted. If additional information is necessary to move forward, you will receive an email outlining what documentation our team needs. Upon receipt of all supporting documentation, the Selection Committee will review and make a decision regarding your request. If approved, a grant distribution will be made based on your payment preference selected in the application. Check back daily to see the progress of your application as it moves through the review process.

Completed applications may be emailed to corporateHR@highgate.com or mailed to:

Highgate Hotels | Corporate HR
545 E John Carpenter Fwy #1400
Irving, TX 75062