

APPLICATION FOR ASSISTANCE GUIDELINES

EMPLOYMENT CRITERIA

To apply for assistance from the Stein Mart Family Support Foundation, you must be one of the following:

- a) A **FULL-TIME** Stein Mart associate who has been employed for **SIX MONTHS** or more.
- b) A **PART-TIME** Stein Mart associate who has been employed for **ONE YEAR** or more.
- c) A **RETIRED** Stein Mart associate as defined by Stein Mart Human Resources Department.

QUALIFYING EVENTS FOR ASSISTANCE: APPLIES TO ASSOCIATE, DEPENDENT, AND QUALIFIED DEPENDENT

The definition of a Dependent follows the Internal Revenue Service (IRS) definition for a qualifying dependent and must be an individual eligible to be claimed as a dependent on the tax return of the associate in the year in which the qualifying event took place.

*To apply for assistance from the Stein Mart Family Support Foundation,
you must have been directly impacted by one of the following events:*

Natural disasters such as hurricanes, storms, earthquakes, fires, etc.

Life-threatening injury or illness.

Catastrophic illness or accident.

Death in the immediate family.

Domestic violence.

Funeral expenses.

NON-QUALIFYING EVENTS

The following events do not qualify for assistance from the Stein Mart Family Support Foundation:

Personal responsibility debts such as tuition, insurance premiums, prescription drugs, car repairs, etc.

Credit card debts or debts for non-basic needs.

Getting behind in normal household expenses.

Expenses of bankruptcy proceedings.

Non-emergency requests for funds.

Expenses of divorce proceedings.
Funeral expenses other than associate,
spouse or dependents.
Other unexpected emergencies.

Complete the Application for Assistance only if you have met the Employment Criteria and have a Qualifying Event. All information contained herein is strictly confidential.

APPLICATION FOR ASSISTANCE

Applicant Name: _____

Address: _____

Phone: _____

Email: _____

Store Associate, Store # _____ **Corporate Associate**

Employment Status: Full Time Part-Time Retired

If you need additional space answering any of the questions below, please attach additional sheet(s) of paper.

1. Describe the event that has disrupted your life:

2. Have you suffered material losses due to a natural catastrophe or other destructive event?

Yes **No** If **NO**, go to next question. If **YES**, describe your losses in as much detail as possible.

Itemize losses, e.g. damage to home, cars, furniture, household goods, clothing, etc. as best you can:

3. If you answered **NO** to the above question, what is the nature of your emergency?

4. Have you received funds or assistance from any other government agency or private organization such as FEMA, The American Red Cross, a church, a charitable organization, local disaster relief agency, etc?

Yes **No** If **YES**, list each organization and the amount or type of assistance received:

5. Other than those organizations listed above, have you applied to any organizations or agencies for assistance prior to submitting this application? **Yes** **No**

If **YES**, please list them here, perhaps we can contact them to see if any assistance is forthcoming:

6. What other information can you give that might help us assess your situation?

APPLICATION FOR ASSISTANCE

Please attach copies of all documentation in support of your application.

The following items are considered appropriate documentation if applicable to your situation:

Fire reports

Utility cut-off notices.

Eviction or foreclosure notices.

Medical bills from Doctors and hospitals.

Damage estimates for personal property such as house, apartment, automobile, etc.

Photos of damage suffered.

Landlord estimates of move-in expenses when temporary housing is needed.

Pay stubs, proof of income, household budgets.

Copies of bills or invoices from creditors.

Letters from neighbors, clergy, or local officials with first-hand knowledge of your situation.

I understand that the Stein Mart Family Support Foundation can only offer me assistance in the wake of a catastrophic natural event or an event that is out of my control and has disrupted my life. I further understand that the assistance offered is temporary in nature and will not be on-going.

(Signature of Applicant)

(Date of Application)

Applicant MUST give this completed application to their Store Manager or Corporate Supervisor. All applications must be accompanied by the Management Endorsement to the Application for Assistance which is completed by the Store Manager or Corporate Supervisor. All information contained herein is strictly confidential.

**MANAGEMENT ENDORSEMENT
TO THE
APPLICATION FOR ASSISTANCE**

Store Manager: Name _____ **Stein Mart #** _____

OR

Corporate Supervisor: Name _____ **Department** _____

Complete this endorsement as truthfully as possible.

I have reviewed the application for assistance submitted by _____
(Applicant's Name)

The applicant is a: Full-time associate Part-time associate Retired associate

The applicant's date of hire is: _____

- In my opinion, the application is factual and warrants consideration by the board of directors of the foundation. I have personal knowledge of the applicant's circumstances and verify that the losses described in the application are substantially correct.
- Although I feel the application is truthful, I have not personally verified the applicant's claim.
- I have some doubts as to the claims made in the application.
- I do not think this application has merit because:

Additional Comments:

I understand that this endorsement and my opinions do not constitute approval or disapproval of the application for assistance. That authority rests solely in the hands of the board of directors of the Stein Mart Family Support Foundation, Inc. I will be willing to discuss my comments further, in confidence, with the directors of the foundation if called upon to do so.

(Signature of Store Manager or Corporate Supervisor)

(Date of Management Endorsement)

Regional Director, District Director, Store Manager or Corporate Supervisor MUST forward the completed Application for Assistance AND the completed Management Endorsement to the Application for Assistance via email to SMFamily@steinmart.com. All information contained herein is strictly confidential and will only be reviewed by the Foundation Board Members.