FLOOR COVERING
INDUSTRY FOUNDATION

2025 APPLICATION FOR FINANCIAL ASSISTANCE

helping those in our industry most in need

We provide financial assistance to help with medical care, prescriptions, medical equipment, shelter, food, utilities, and other basic needs for families who have a life-altering medical event.

GRANT ELIGIBILITY:

1. The applicant must be diagnosed by a practicing, certified physician as having a life-altering hardship such as catastrophic medical crisis, severe injury, or disability that affects the ability to work or care for oneself.
2. The applicant or immediate family member (spouse, children, or grandchildren living in the same household) must have derived primary income from employment in the floor covering business for at least five years. Eligible years do not have to be consecutive. If not currently employed in the flooring industry, the qualifying employment must have concluded in the last five years, with exceptions for those who are retired or stopped working due to a qualifying medical condition.
3. The household must be in extreme financial need. The household's liquid assets (cash, checking and savings accounts, money market accounts, stocks, certificates of deposit, bonds, and mutual funds) will be considered.

Applicant Name: Social Security Number:

Address: City: State: Zip:

Home Phone: Cell Phone:

E-Mail: Date of Birth:

Current Employer OR last place employed: Dates employed:

It is easier for me to communicate in a language other than English: ◯ Yes ◯ No

If yes, what language?

Living Arrangements: ◯ Married ◯ Separated ◯ Divorced ◯ Widowed ◯ Single ◯ Cohabitating

If married or cohabitating, please complete this section:

Spouse/Significant Other's Name: Social Security Number:

Employer: Phone: Date of Birth:

List the name, age, and relationship to you of all your household members:

How did you learn about the **Floor Covering Industry Foundation**?

Prior to this application, have you ever applied for FCIF assistance? ◯ Yes ◯ No

GRANT INFORMATION

- All information contained herein is strictly confidential, accessible only to the Floor Covering Industry Foundation leadership and assigned staff persons. All documents submitted become the property of the FCIF.
- Eligibility standards are set by the Floor Covering Industry Foundation's Board of Directors. It is our goal to assist all qualified applicants within the Foundation's funding limitations. All decisions are final.
- All grant beneficiaries are required to provide ongoing medical and financial reports and documents as required by the Foundation as a condition of continued funding.
- In the event of the death of a recipient the Foundation must be notified either in writing (FCIF, 855 Abutment Rd, #1, Dalton, GA 30721) or by telephone (706-217-1183) within two weeks of the recipient's passing.
- In the event we find that funds have been misused or we have been given false information, payments would cease immediately.

HOUSEHOLD INCOME*: Sources of income can include (but is not limited to): wages, Social Security income, Social Security Disability/SSI, short or long-term disability, Workers' Compensation, veteran's benefits, unemployment, food stamps, alimony, pension(s), child support, etc. Include documentation for each source of income as detailed on page 6.

***APPLICATION STEP TWO:** *After FCIF verifies your employment and receives back your medical records, we will send you a household expense worksheet to complete and ask for copies of the household's medical bills and all monthly living expenses such as rent/mortgage, utilities, car payments, etc.*

	PERSON'S NAME RECEIVING	SOURCE OF INCOME (NAME OF EMPLOYER, SOCIAL SECURITY, FOOD STAMPS, ETC.)	MONTHLY AMOUNT (AFTER TAX & DEDUCTIONS)
Applicant Income			
Spouse/Significant Other Income			
Other Household Members Income			

ONE-TIME INCOME: Complete this section if you have received one-time payments from other sources in the past six months such as: church donations, Go Fund Me online fundraising contributions, one-time back payment for disability, grants from other foundations or non-profits, gifts from family members, relief funds, etc.

SOURCE OF INCOME	PERSON RECEIVING	DATE RECEIVED	ONE-TIME AMOUNT

FINANCIAL RESOURCES:	PERSON'S NAME ON ACCOUNT	BANK/OTHER INSTITUTION	CURRENT BALANCE
Checking & Savings Accounts (Send the past two months statements for everyone in the household)			
Retirement Account(s) (stocks, property, investment, business ownership, etc.)			
Other			

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EMPLOYMENT

Please list flooring jobs of all household members who have 5 or more years service to the floor covering industry. The years of employment can be from more than one company.

Job #1

Employee Name: Social Security Number:

Company: Dates Employed:

Job Title(s):

City: State: Company Phone:

Job #2

Employee Name: Social Security Number:

Company: Dates Employed:

Job Title(s):

City: State: Company Phone:

Job #3

Employee Name: Social Security Number:

Company: Dates Employed:

Job Title(s):

City: State: Company Phone:

If you worked other places since leaving the floor covering industry, please list (attach additional sheet if needed):

Employer: Job Title: Dates Employed:

Employer: Job Title: Dates Employed:

If you left the flooring industry please circle the reason below:

1. Retried 2. Due to injury, illness, disability 3. Other – please explain below:

I hereby authorize the employers listed above to release information concerning my employment history:

▷Signature: Date:

Please list the date ranges that your medical condition has kept you or your family member out of work. Please provide a doctor's note specifying your work limitations and the expected date your doctor will release you back to work:

MEDICAL RECORDS RELEASE

FLOOR COVERING INDUSTRY FOUNDATION

The **Floor Covering Industry Foundation** provides financial grants to individuals who have life-altering medical conditions, worked in the floor covering industry for 5 or more years, and in financial need.

Household Member with Medical Needs:

SSN: Date of Birth:

Physician's Name: Medical Field/Specialty:

Physician's Address: City: State:

Zip Code: Telephone: Fax:

(PRINT NAME) hereby authorize the release of my medical information to the **Floor Covering Industry Foundation**, including but not limited to, any and all hospital, clinic, medical, treatment, therapy, and rehabilitation records, as well as copies of any x-ray or any other diagnostic imaging files. This authorization also allows any authorized agent employed or otherwise hired by the **Floor Covering Industry Foundation**, to directly contact any of my prior or currently treating physicians, chiropractors, or any other health care providers, vocational rehabilitation providers, or mntal health care providers for the purpose of discussing my diagnoses, treatment, progress, and prognoses.

The information obtained pursuant to this authorization shall be used for the limited purpose of evaluating whether I qualify for certain benefits or gifts to be granted to me by the **Floor Covering Industry Foundation**. A photocopy of this release as signed by me may be used in lieu of the original, and any such photocopy shall have the same validity as if it were the original. I understand that I will be provided with a copy of my executed release upon my request. The applicant may revoke the authorization for the release of medical information and terminate the financial assistance application by writing to the **Floor Covering Industry Foundation**, 855 Abutment Rd. #1, Dalton, GA 30721.

This medical release form expires 360 days from the date it is signed, unless another date is noted here:

I authorize the **Floor Covering Industry Foundation** release of medical information (SIGNATURE REQUIRED)

▷ **APPLICANT SIGNATURE:** Date:

Grants may be provided for emergency medical expenses, continuing healthcare expenses, or for basic necessities such as food, shelter, utilities, and prescriptions. Financial aid is based on individual need. Grants may be awarded on a one-time, specific procedure basis, and/or may be awarded as a monthly stipend for six months. After six months, you may reapply. Please describe in detail the need for which you are requesting a grant. We provide assistance for six months at a time. Please note if additional household members have medical needs.

Please describe all household family members' serious medical conditions. Only include medical conditions that are causing you financial hardship:

Please describe your financial needs with which you are requesting assistance (for example, if you need help with rent/mortgage, utilities, food, medical equipment, handicap accessibility needs for your home, etc.):

One-time request for procedure, surgery, equipment, or past due housing & living expenses: $

Requested housing, living, & medical expenses each month: $

Do you have health insurance? ◯ Yes ◯ No Please provide a copy of the front and back of your insurance card.

What is your deductible? What is your out-of-pocket max?

Insurance Company:

THE DOCUMENTS LISTED BELOW ARE TO BE INCLUDED WITH APPLICATION

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Please provide income and expense information for each member living in the applicant's household.

1. Medical records from the past six months for the applicant and any other household members who have a severe medical condition. Please include a doctor's note about any work restrictions. **If the applicant has access to their medical records, they may be submitted directly to FCIF to decrease the application processing time.**
2. A copy of the most recent tax return filed by everyone living in the household. If the member of the household who has worked for the floor covering industry is/was self-employed, please provide five years of tax returns that include a Schedule C (do not have to be consecutive years). If anyone in the home owns a business, please include the most recent year's business tax return.
3. Paycheck stubs from the past 60 days for each member of the household who is working. If a member of the household is over the age of 21 and not working, please provide a statement about why he or she is not working.
4. If receiving payment from short-term or long-term disability, unemployment, Social Security, welfare, or food stamps, please provide an award letter.
5. Past two months' checking and savings account statements (all pages, front and back). Include both joint bank statements and individual bank statements for all individuals in the household.
6. All pages of 401(k) or retirement accounts.
7. Copies of medical insurance cards (front and back) for all household members who have a serious medical condition.

CERTIFICATION AND AUTHORIZATION:

I hereby certify that I have answered the questions in this application to the best of my ability without any limitations whatsoever; the facts stated herein are true and I understand that any misrepresentation or false information will disqualify me (the applicant) for any assistance from the Foundation. I further agree to notify the Floor Covering Industry Foundation of any change in my financial situation from the time of my application to the time a grant is made to me. I guarantee that all monies received from the Foundation will be used for expenses as stated in the award letter. I also authorize the Foundation to be able to discuss my application with other non-profits or agencies that may be able to provide assistance to me.

The following people are authorized to communicate with the **Floor Covering Industry Foundation** about my application:

Name: Phone: Relationship:

Name: Phone: Relationship:

Within 10 days of receiving your application we will need to schedule a phone interview with you.

What is the best time of day, M-F to reach you by phone:

▷ SIGNATURE OF APPLICANT: Date:

Print Name of Applicant:

APPLICATIONS TAKE A MINIMUM OF 15 DAYS TO PROCESS ONCE ALL DOCUMENTATION IS RECEIVED.
PLEASE TRY TO SEND ALL THE PAPERWORK AT ONE TIME TO DECREASE PROCESSING TIME.

Completed application and documents can be sent to:

Outreach Manager • Floor Covering Industry Foundation • 855 Abutment Rd. # 1, Dalton, GA 30721

FAX: 706-217-1165 • Scan and Email: info@fcif.org • Questions? Call 706.217.1183

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