



Love Mom XOXO Foundation Inc.

FINANCIAL APPLICATION INFORMATION

Mission Statement

The mission of Love Mom XOXO Foundation, Inc., is to perform activities which promote the development and handling of resources used to help surviving parents and their children under the age of 20, who suffered the unexpected, untimely loss of a co-parent or parent.

How We Can Help

It is a very stressful and emotional time not just for the children but also for the parents and guardians left behind. Parents have often said they feel as though they are being pulled down a dark path while trying to cope. Our goal is to help those parents stay off that dark path and provide them with various support systems to help them navigate as they assume this new unexpected role.

Financial assistance may be granted, if available, to families who meet Love Mom XOXO Foundation, Inc's criteria. Love Mom XOXO Foundation Inc. is a 501 (c) (3) nonprofit organization located in Seymour, CT. Maximum awards have been established for the year 2022 and may be up to \$1,000.00.

To be eligible for financial assistance, you **MUST**:

- Have had a relationship with the deceased in a parental capacity with children are under the age of 20 or be a legal guardian of the deceased's children.
- Be listed on the children's birth certificate as their Mother/Father, show proof of adoption or provide proof of legal guardianship.
- Provide proof of Connecticut residency.
- Provide proof of identification with a copy of a State of Connecticut issued and unexpired photo ID.

Please note: An application is NOT a guarantee of receiving financial assistance. Funds are limited and are based on availability and eligibility.

Please send application along with all copies of required documents to:

Love Mom XOXO Foundation, Inc.
206 Woodlawn Dr.
Seymour, CT 06483

All applications will be reviewed quarterly at the Love Mom XOXO Foundation, Inc.'s Board Meetings. You will receive a response indicating whether your request has been approved or denied.

Your application information will be kept private and confidential. By signing this document, you authorize Love Mom XOXO Foundation, Inc. to use such information for the sole purpose of determining eligibility for financial assistance. This application is needed to legally make sure you meet the criteria of our mission statement.

I have read and understand the above statement:

Signature: _____ Date: _____



Love Mom XOXO Foundation Inc.

APPLICATION FOR FINANCIAL ASSISTANCE

(This page is to be completed by the person requesting assistance)

Applicant's First Name: _____ Last Name: _____

Address: _____ City, State & Zip: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Male _____ Female _____

If applicant is a minor (under 18), name of parent/guardian: _____

Signature of parent/guardian: _____

Applicant's Relationship to
Deceased: _____

At the deceased's date of death were you and the deceased: Married Separated Divorced

Other: _____

Deceased's Name: _____ Date of Birth: _____

Date of Death: _____

Cause of Death as Listed on Death Certificate: _____

Surviving Children:

Name: _____ DOB: _____ M or F

Name: _____ DOB: _____ M or F

Name: _____ DOB: _____ M or F

Name: _____ DOB: _____ M or F

Name: _____ DOB: _____ M or F

Name: _____ DOB: _____ M or F



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HOUSEHOLD FINANCIAL INFORMATION

Is the applicant currently employed? Yes___ No___ Is the applicant currently working? Yes___ No___

FAMILY INCOME SOURCES (please check all that apply):

___ Social Security (Retirement)	___ Salary	___ Pension
___ Public Assistance	___ SSD (Disability)	___ Short Term Disability
___ Friends/Family Support	___ Unemployment	___ SSI
___ Other - specify: _____		

Did the deceased have a life insurance policy? Yes___ No___

****Acceptable Proof of Income****

First two pages of signed copy of Income Tax Return (please black out social security numbers)
 OR
 Copies of most recent paycheck, unemployment check or SSI, SSD, Public Assistance Benefit

TOTAL ANNUAL FAMILY INCOME: _____
 (**Application will not be processed if this information is not provided**)

Please be aware that funds are limited and based on availability. You must meet Love Mom XOXO Foundation, Inc's eligibility requirements. An application is **NOT** a guarantee of receiving assistance.

DIRECT FINANCIAL NEED REQUESTS ONLY:

Please list below, in order of priority, your financial need requests. Love Mom XOXO Foundation, Inc., will make every effort to approve your request or a portion of your request up to our yearly maximum award amount. If any financial need requests are approved, we will make the check payable **DIRECTLY TO THE PROVIDER**. Please send a **CURRENT** copy of the bill and retain the originals for your file. Once a decision is made, you will receive notification as to whether your request was approved or denied.

Financial Need	Amount Requested	Payable To
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I certify that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____



Love Mom XOXO Foundation Inc.

Residency Documentation Information:

You must provide two (2) pieces of mail proving Connecticut as your current state of residency. Both documents must:

- Show your name and your Connecticut residence address
- Be dated within 60 days of your application

Acceptable proof of residence documents:

- Bill from a bank, mortgage company, utility company, credit card company, physician, or hospital.
- Bank statement
- Pre-printed paycheck stub showing your employer's name and address
- Property or excise bill
- Medicaid or Medicare benefit statement
- Current homeowner's renter's policy or motor vehicle insurance card dated within the previous 6 months.
- Current, valid Connecticut Driver's License or ID card.
- Current Connecticut motor vehicle registration
- Residential mortgage statement, lease or rental contact showing signatures from all parties need to execute the agreement and dated within the previous 12 months.
- Connecticut voter registration card
- Official school records showing enrollment

***** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED *****