

## SUMMARY OF HARDSHIPS

## **OVERVIEW**

MyBill Angel seeks to form a syzygy between an ANAV (a person in need) and an Angel. There are certain requirements that must be met and verified for a request to be fulfilled by an Angel. The person in need is the only one who can submit a need. The participant must verify that the hardship involves an "immediate and heavy financial need" due to one of the following reasons:

- Medical care for the participant
- Post high-school educational payments for the participant
- To prevent foreclosure or cure late mortgage late payments (60+ days or more) of the participant's principal residence
- Funeral and burial expenses for the participant's spouse, parent, dependent or primary beneficiary
- Repairs for automobile or repossession prevention, ANAV must be late on payments.
- Utility payments for primary residence to avoid disconnection

ANAVs can apply for assistance (3) three times a calendar year.

## **VERIFICATION**

MyBill Angel requires that the selected category of hardship be substantiated by its own set of documents. You may choose to provide original source documents (such as invoices, foreclosure notices, etc.) that substantiate *each* of the requirements listed under the relevant category.

MEDICAL CARE  ☐ Amount of medical expenses not covered by insurance ☐ Total amount requested does not exceed actual cost ☐ Name and address of service provider	MORTGAGE LATES OR FORECLOSURE  ☐ Address of residence ☐ Location is participant's principal residence ☐ Type of event (foreclosure or eviction) ☐ Amount required to prevent foreclosure/eviction
AUTOMOBILE ASSISTANCE  ☐ Emergency auto repair  ☐ Valid auto payment statement  ☐ Emergency repossession payment (showing 30+ days behind)	<ul> <li>□ Payment due date</li> <li>□ Name and address of party who issued the notice</li> <li>□ Total amount requested does not exceed actual cost</li> <li>□ Last 4-digits of your social security will be requested</li> </ul>
EDUCATIONAL PAYMENTS  ☐ Amount of educational expense ☐ Total amount requested does not exceed actual cost ☐ Type of expense (tuition, room/board, etc.) ☐ Name and address of educational institution	FUNERAL AND/OR BURIAL EXPENSES  Name of deceased Relationship to participant Date of death Amount of funeral and burial expense Name and address of service provider (cemetery, funeral home)
<ul> <li>□ Last 4-digits of your social security will be requested</li> <li>□ Student ID number</li> <li>□ Period covered by educational payment (beginning/ending dates up to 12 months)</li> </ul>	<ul> <li>□ Total amount requested does not exceed actual cost</li> <li>UTILITY ASSISTANCE</li> <li>□ Address of residence</li> <li>□ Location is participant's principal residence</li> <li>□ Vendor Information</li> <li>□ Due date</li> <li>□ Total amount requested does not exceed actual cost</li> </ul>

• At this time, we will not pay apartment rental late payments nor evictions.

Please note: The maximum eligible payment per IRS is \$14,000.00.