



EMERGENCY
ASSISTANCE
FOUNDATION

SUPPORTING DOCUMENTATION NEEDED
FOR EVENTS & EXPENSES

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As part of your grant application, IRS regulations require us to ask for proof of the Event that has impacted you or your eligible dependent (including your spouse/domestic partner), as well as proof of the resulting Expense(s) for which you are seeking assistance. For each Event and Expense category, this guide provides examples of accepted supporting documentation, as well as the information that your documentation must include.

The fund from which you are seeking financial assistance may not include all of the below Events and Expenses in its grant criteria. Please reference the Application FAQs available via the fund's website for information related to the fund's qualified Events and Expenses.

SUPPORTING DOCUMENTATION FOR EVENTS

SUPPORTING DOCUMENTATION FOR EXPENSES

EVENT DEFINITIONS



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SUPPORTING DOCUMENTATION FOR EVENTS

Please provide the documentation listed under the Event that has impacted you or your eligible dependent (including your spouse/domestic partner).



NATURAL DISASTER (such as flood, fire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon, or severe storms)

Examples of documentation: news report, statement from a government official, insurance report, emergency responder report, photographs of damages.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event



GOVERNMENT (NATION/STATE) DECLARED DISASTER

Examples of documentation: news report, statement from a government official, insurance report, emergency responder report, photographs of damages.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event



PRESIDENTIALLY DECLARED DISASTER (USA)

Examples of documentation: news report, statement from a government official, insurance report, emergency responder report, photographs of damages.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event

SUPPORTING DOCUMENTATION NEEDED FOR EVENTS & EXPENSES

SUPPORTING DOCUMENTATION FOR EVENTS

Please provide the documentation listed under the Event that has impacted you or your eligible dependent (including your spouse/domestic partner).



TERRORIST ACTIONS

Examples of documentation: news report, statement from a government official, insurance report, emergency responder report, photographs of damages.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event



DISASTER RESULTING FROM A COMMON CARRIER ACCIDENT *(such as bus, train, ferry, plane, or truck)*

Examples of documentation: news report, statement from a government official, insurance report, emergency.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event



EVENT DETERMINED BY U.S. SECRETARY OF TREASURY TO BE CATASTROPHIC (USA)

Examples of documentation: news report, statement from a government official, insurance report, emergency responder report, photographs of damages.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event

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SUPPORTING DOCUMENTATION FOR EVENTS

Please provide the documentation listed under the Event that has impacted you or your eligible dependent (including your spouse/domestic partner).



EPIDEMIC

Examples of documentation: official notification of quarantine/significantly reduced hours/school, daycare, business closure, or a doctor's note confirming illness.

DOCUMENTATION MUST INCLUDE:

- Proof that you/your eligible dependent were impacted by the epidemic (unable to work, quarantined, unexpected childcare, seriously ill).



MILITARY DEPLOYMENT *(you or your spouse/domestic partner called to active duty)*

Examples of documentation: official deployment orders.

DOCUMENTATION MUST INCLUDE:

- Deployment date(s)
- Service member's name and ID number



CIVIL UNREST

Examples of documentation: news report, statement from a government official, insurance report, NGO/aid organization report, emergency responder report, photographs of damages.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event



IMPACTS PRIMARY RESIDENCE

Examples of documentation: news report, statement from a government official, insurance report, emergency responder report, photographs of damages.

DOCUMENTATION MUST INCLUDE:

- Event date
- Event location
- Event description
- Details showing how you/your eligible dependent/your property were affected by the event

SUPPORTING DOCUMENTATION FOR EVENTS

Please provide the documentation listed under the Event that has impacted you or your eligible dependent (including your spouse/domestic partner).



SERIOUS ILLNESS/INJURY (not covered by insurance for you or your eligible dependent)

Examples of documentation: official notification of quarantine/significantly reduced hours/school, daycare, business closure, or a doctor's note confirming illness.

DOCUMENTATION MUST INCLUDE:

- Event date
- Patient name
- Illness/injury description
- Physician name/address
- Date(s) of service



NON-ROUTINE/EXCEPTIONAL MEDICAL EXPENSE (not covered by insurance for you or your eligible dependent)

Examples of documentation: emergency responder report, healthcare provider statement, FMLA/medical leave documentation.

DOCUMENTATION MUST INCLUDE:

- Event date
- Patient name
- Illness/injury description
- Physician name/address
- Date(s) of service



VICTIM OF A VIOLENT CRIME (not covered by insurance for you or your eligible dependent)

Examples of documentation: emergency responder report, healthcare provider statement, FMLA/medical leave documentation.

DOCUMENTATION MUST INCLUDE:

- Event date
- Victim name
- Event/injury description
- Physician name/address
- Date(s) of service



DOMESTIC ABUSE

Examples of documentation: statement from shelter/domestic counselor, police report/restraining order, signed letter from company Human Resources representative (as permitted).

DOCUMENTATION MUST INCLUDE:

- Event date
- Victim name
- Event description
- Name of shelter/counselor/police department/Human Resources representative



DEATH

Examples of documentation: obituary, death certificate.

DOCUMENTATION MUST INCLUDE:

- Date of death
- Description of relationship to the Charitable Class member.*

*The Charitable Class member is the person who is eligible to apply for a grant from the Fund.



SUPPORTING DOCUMENTATION FOR EXPENSES

Please provide the documentation listed under the Expense(s) for which you are seeking assistance.



FOOD (*immediate needs only – usually applicable 2-4 weeks after Event*)

Examples of documentation: official notification of quarantine/significantly reduced hours/school, daycare, business closure, or a doctor's note confirming illness.

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Date of purchase, if relevant
- Itemized costs of food items



CLOTHING (*immediate needs only – usually applicable 2-4 weeks after Event*)

Examples of documentation: clothing invoices/receipts or store Wishlist/Registry showing clothing items to be purchased.

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Date of purchase, if relevant
- Itemized costs of clothing items



EVACUATION EXPENSES (*reasonable evacuation expenses resulting from Event*)

Examples of documentation: invoices/receipts for evacuation expenses (hotel, transportation, food, etc.).

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Date(s) of service
- Itemized costs of evacuation expenses
- Date of payment, if relevant



FUNERAL & BURIAL EXPENSES (*reasonable funeral, burial, and relevant travel expenses*)

Examples of documentation: invoices/receipts for funeral, burial, and relevant travel expenses.

DOCUMENTATION MUST INCLUDE:

- Name of the deceased
- Name of the person responsible for payment
- Vendor name/address/phone number
- Itemized costs of service(s)
- Provided date(s) of service
- Travel itinerary, if relevant
- Date of payment, if relevant

SUPPORTING DOCUMENTATION NEEDED FOR EVENTS & EXPENSES



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Please provide the documentation listed under the Expense(s) for which you are seeking assistance.



SIGNIFICANT MEDICAL EXPENSES *(not covered by insurance for you or your eligible dependent)*

Examples of documentation: [invoices/receipts from healthcare provider for medical expenses.](#)

DOCUMENTATION MUST INCLUDE:

- Patient name
- Insurance details
- Vendor name/address/phone number
- Itemized costs of medical expenses
- Date(s) of service
- Date of payment, if relevant



PRESCRIPTION MEDICATION *(not covered by insurance for you or your eligible dependent)*

Examples of documentation: [invoices/receipts from pharmacy for prescription medication.](#)

DOCUMENTATION MUST INCLUDE:

- Patient name
- Insurance details
- Vendor name/address/phone number
- Itemized costs of prescription medication
- Date of purchase, if relevant

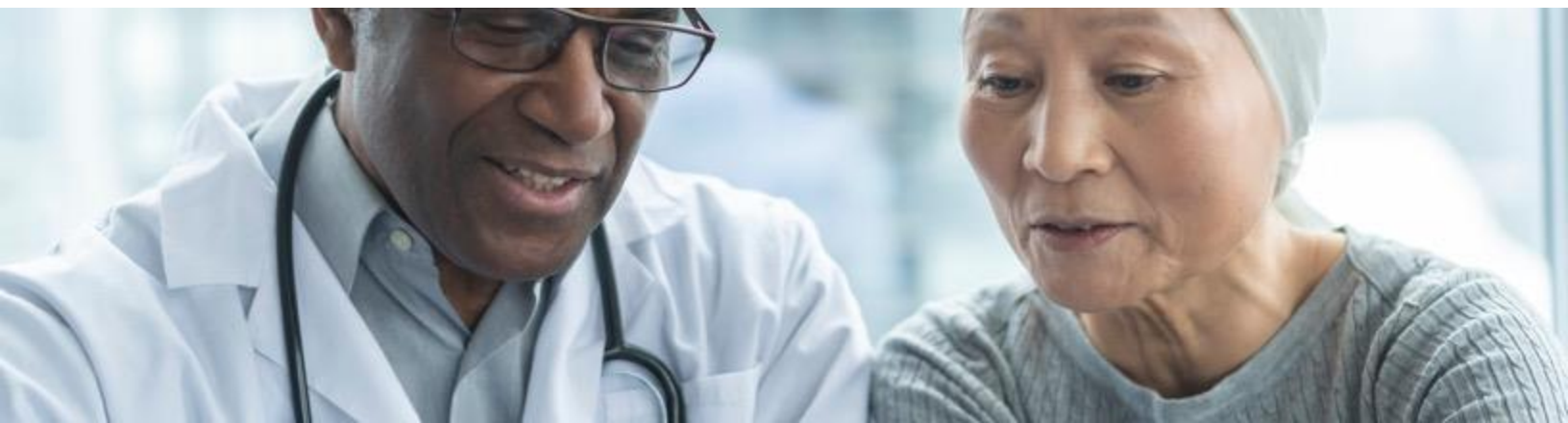


MEDICAL TRAVEL EXPENSES

Examples of documentation: [healthcare provider statement, invoices/receipts for relevant travel/lodging expenses.](#)

DOCUMENTATION MUST INCLUDE:

- Patient name
- Reason for medical care/travel
- Travel itinerary
- Vendor name/address/phone number
- Itemized costs of medical travel/lodging expenses
- Date(s) of service
- Date of payment, if relevant



SUPPORTING DOCUMENTATION NEEDED FOR EVENTS & EXPENSES



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SUPPORTING DOCUMENTATION FOR EXPENSES

Please provide the documentation listed under the Expense(s) for which you are seeking assistance.



RENT (temporary housing up to 30 days)

Examples of documentation: invoices/receipts for temporary housing, such as hotel costs.

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Date(s) of service
- Itemized costs of temporary housing such as room rates per day
- Date of payment, if relevant



REASONABLE REPAIRS TO DAMAGED PROPERTY

Examples of documentation: insurance claims, official contractor estimates/invoices/receipts.

DOCUMENTATION MUST INCLUDE:

Insurance claims must include:

- Your name
- Insurance company name/address/phone number
- Insurance dates of coverage
- Amount covered
- Any deductible amount

Official contractor

estimates/invoices/receipts must include:

- Your name
- Vendor name/address/phone number
- Itemized costs of service(s)
- Date(s) of service
- Date of payment, if relevant



ESSENTIAL APPLIANCES & FURNISHINGS

Examples of documentation: invoices/receipts for essential appliances/furnishings or store Wishlist/Registry/Layaway showing items to be purchased.

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Date of purchase, if relevant
- Itemized costs of essential appliances/furnishings



ESSENTIAL UTILITIES (gas, water, electricity)

Examples of documentation: invoices/receipts for essential utilities.

DOCUMENTATION MUST INCLUDE:

- Your name
- Vendor name/address/phone number
- Date(s) of service
- Itemized costs of essential utilities
- Date of payment, if relevant

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Please provide the documentation listed under the Expense(s) for which you are seeking assistance.



SECURITY DEPOSITS *(for new housing if unable to inhabit existing home)*

Examples of documentation: photographs of the damaged property, a copy of the signed lease agreement (first and signed pages only).

DOCUMENTATION MUST INCLUDE:

- Your name
- Vendor or landlord name/address/phone number
- Security deposit amount
- Date(s) of lease/new housing



MORTGAGE OR RENT ASSISTANCE FOR PRIMARY RESIDENCE

Examples of documentation: signed lease agreement (first and signed pages only), current monthly mortgage statement.

DOCUMENTATION MUST INCLUDE:

- Your name
- Vendor or landlord name/address/phone number
- Rent/mortgage amount
- Date(s) of lease/mortgage



ADAPTIVE IMPROVEMENTS AND SOLUTIONS *(related to Event)*

Examples of documentation: invoices/receipts/estimates for adaptive improvements and solutions.

DOCUMENTATION MUST INCLUDE:

- Your name
- Vendor name/address/phone number
- Itemized costs of adaptive improvements and solutions
- Date(s) of service
- Date of payment, if relevant



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Please provide the documentation listed under the Expense(s) for which you are seeking assistance.



TRANSPORTATION REPAIRS (other than routine maintenance, or repairs that could not have been avoided)

Examples of documentation: photographs of damages, estimates/invoices/receipts for transportation repairs, car insurance information, total loss of car information.

Estimates/invoices/receipts must include:

- Your name/your eligible dependent's name
- Vendor name/address/phone number
- Itemized cost of service(s)
- Date(s) of service
- Date of payment, if relevant

Insurance information must include:

- Your name/your eligible dependent's name
- Insurance dates of coverage
- Amount covered
- Any deductible amount

For total loss of car provide:

- A letter from insurance company stating total loss
- Photographs of car to be purchased showing make and model
- An invoice from the car manufacturer/car exchange including your name/your eligible dependent's name and the vendor name/address/phone number



PUBLIC OR COMMERCIAL TRANSPORTATION

Examples of documentation: invoices/receipts for public or commercial transportation such as taxis, trains, or buses.

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Itemized costs of transportation
- Date(s) of service
- Date of payment, if relevant



CAR RENTAL (up to 30 days)

Examples of documentation: invoices/receipts for car rental.

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Itemized costs of car rental such as rental rate per day
- Date(s) of service
- Date of payment, if relevant



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Please provide the documentation listed under the Expense(s) for which you are seeking assistance.



PSYCHOLOGICAL COUNSELING *(deemed by a physician to be necessary following Event)*

Examples of documentation: invoices/receipts for psychological counseling, healthcare provider statement.

DOCUMENTATION MUST INCLUDE:

- Patient name
- Proof that psychological counseling was deemed necessary by a healthcare provider
- Vendor name/address/phone number
- Date(s) of service
- Date of payment, if relevant



EXPENSES RESULTING FROM FLIGHT FROM DOMESTIC VIOLENCE

Examples of documentation: invoices/receipts for expenses resulting from flight of domestic violence such as temporary housing costs.

DOCUMENTATION MUST INCLUDE:

- Vendor name/address/phone number
- Itemized costs such as housing rates per day
- Date(s) of service
- Date of payment, if relevant



UNABLE TO WORK DUE TO EVENT

Examples of documentation: healthcare provider statement, FMLA/medical leave documentation, other third-party verification of inability to work due to event, confirmation letter from manager or company Human Resources representative (as permitted).

DOCUMENTATION MUST INCLUDE:

- Your name
- Date(s) unable to work
- Itemized costs of inability to work due to event



UNEXPECTED CHILDCARE *(up to 60 days)*

Examples of documentation: invoices/receipts for unexpected childcare for your eligible dependent.

DOCUMENTATION MUST INCLUDE:

- Name of eligible dependent
- Vendor/address/phone number
- Itemized costs of unexpected childcare
- Date(s) of service
- Date of payment, if relevant



NATURAL DISASTER (such as flood, fire, tornado, earthquake, tsunami, volcanic eruption, blizzard, drought, cyclone, hurricane, typhoon, or severe storms)

An unexpected or unavoidable natural disaster affecting you, your dependents, and / or property. For example, the disaster might result in evacuation, cause personal injury, and / or cause damage to your home or automobiles.



GOVERNMENT (NATION/STATE) DECLARED DISASTER

A community-wide, non-US disaster which is determined to be equivalent to a qualified disaster.



PRESIDENTIALLY DECLARED DISASTER (USA)

A community-wide disaster which the President of the United States officially designates. The persons these disasters affect are often eligible for FEMA assistance.



TERRORIST ACTIONS

Terrorist or military attacks, occupation, or maneuvers affecting you, your dependents, and / or property.



DISASTER RESULTING FROM A COMMON CARRIER ACCIDENT (such as bus, train, ferry, plane, or truck)

An accident or disaster involving mass transport, such as buses, trains, planes, or trucks. The event may have caused personal injury to you or your dependents from the accident itself, or damage to your primary residence and vehicle.



EVENT DETERMINED BY U.S. SECRETARY OF TREASURY TO BE CATASTROPHIC (USA)



EPIDEMIC

An outbreak of a disease that occurs over a wide geographic area and affects a high proportion of a local, regional or national population.



MILITARY DEPLOYMENT (you or your spouse/domestic partner called to active duty)

Unexpectedly or unavoidably called to active duty from the military reserve or National Guard in times of natural disaster or national emergency. This does not include normal deployment for reserve or National Guard scheduled training.



CIVIL UNREST

Civil unrest causing you and other victims to seek shelter/evacuate for safety, or suffer unexpected financial hardship, due to large-scale social/political/civil/economic upheaval. Examples include but are not limited to military occupation, currency devaluation, mass displacement and armed conflict.



IMPACTS PRIMARY RESIDENCE

An unforeseen event that affects your primary residence and results in significant expenses or repairs, such as a house fire, burglary, or roof damage due to a falling tree. This does not include anything within the resident's responsibility and control, such as normal wear and tear, maintenance-related issues, or being behind on bills.



SERIOUS ILLNESS/INJURY *(not covered by insurance for you or your eligible dependent)*

An unexpected, one-time severe illness or injury to you or your dependents. The illness or injury event does not include chronic conditions, nor does it include amounts eligible for insurance reimbursement or payment from a health savings account (HSA).



NON-ROUTINE/EXCEPTIONAL MEDICAL EXPENSE *(not covered by insurance for you or your eligible dependent)*

An unexpected, one-time, and necessary medical expense which is not a serious illness or injury. This includes procedures relating to events such as emergency dental work. This does not include elective medical procedures as elective procedures are not reasonably unavoidable which is required by government regulation. These events are ones that are not eligible for insurance reimbursement or payment from a health savings account.



VICTIM OF A VIOLENT CRIME *(not covered by insurance for you or your eligible dependent)*

A violent crime causing physical harm and / or missed time from work.



DOMESTIC ABUSE

Domestic violence causing you and any other victims to leave the unsafe residence. You may wish to seek out a domestic violence shelter in your community to provide you with guidance and community resources to assist you. You may provide EAF with a release from the shelter as supporting documentation.



DEATH

Death of applicant (charitable class member) or applicant's immediate family member. An immediate family member is defined as: spouse or partner in a civil union or domestic partnership, parent/parent-in-law/step-parent, child/child-in-law/step-child, sibling/sibling-in-law/step-sibling, grandparent/grandparent-in-law/step-grandparent, grandchild/grandchild-in-law/step-grandchild. A domestic partnership is defined as "an on-going and committed spouse-like relationship between adults."