

Dwight Brill Fund
P.O. Box 2404
Breckenridge, Colorado 80424

Covid-19 Relief Fund Application

The Dwight Brill Fund provides assistance to Breckenridge Ski Resort employees who are experiencing a financial hardship due to a medical crisis.

The criteria for funding are as follows:

- You must be a full time/part time Breckenridge Ski Resort employee. If you have been furloughed or laid off, you must have been an employee as of March 14, 2020.
- Covid-19 Relief Fund will award up to \$500 per employee, and is designed to help with assistance such as rent, Cobra payments, or food. As our intentions are to help as many employees as possible during this time, we ask that you please only apply for what you need.
- If you have extensive medical bills or other expenses due to a medical crisis that involves you or your immediate family, please feel free to fill out the regular Dwight Brill application for assistance.
- Application is by email only, and applications will be considered in the order in which they are received.
- Payments can only be made directly to medical providers, businesses, landlords, etc. Please include copies of any bills or landlord contact information. Food assistance will be provided in the form of a grocery store gift card.
- No payments will be made directly to the applicant.

APPLICANT INFORMATION:

Today's Date: _____ Name of Applicant: _____

Date of Birth of Applicant: _____ Last 4 of SS#: _____ EEID# _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Email Address: _____

Financial Info: Savings Total: _____ Total Expenses: Housing _____ Utilities _____ Auto: _____

Income/month: _____ Other Expenses: _____

HOUSEHOLD INFORMATION: (PLEASE LIST ALL FAMILY MEMBERS LIVING IN YOUR HOME INCLUDING YOURSELF)

Name	Age	Relationship	Occupation/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT INFORMATION:

Years/months of Service with Breckenridge Ski Resort: _____ Start Date: _____

Normal Status: ___ Year Round ___ Seasonal ___ Full time ___ Part time ___ Holiday Help

Current Hourly Rate: \$ _____ Average Hours a Week: _____

Do you have any other jobs/source of income? ___ Yes ___ No

Have you been laid off or furloughed? ___ Yes ___ No Are you collecting Unemployment? ___ Yes ___ No

Is your spouse/significant other employed? ___ Yes ___ No ___ Part Time ___ Full Time

WHAT IS YOUR MOST SIGNIFICANT NEED? ___ Rent/Mortgage ___ COBRA Payment ___ Food

Rent/Mortgage Amount _____ Due Date: _____

Landlord's Name and Address: _____

COBRA Payment Amount (if applicable): _____

COBRA Payment Contact info: _____

Food/Grocery Giftcard Amount Needed: _____

Please provide a short explanation of your needs:

Have you applied for any other assistance (Epic Promise Covid-19 Fund, Epic Promise Emergency Relief Grants, FIRC, etc?) If not, do you need help doing so? _____

The information I have included in this application is true and accurate. I have provided all necessary billing and insurance information to substantiate the financial assistance request. I understand that payments can only be made directly to medical providers, businesses, landlords, etc. This application is a request for financial assistance and does not guarantee the approval of such funds. I give the Dwight Brill Fund permission to contact medical providers and persons with whom I may have accounts, if needed. I further understand that the Dwight Brill Fund is not providing legal, tax, or accounting advice or services for me and will assume no legal responsibility or obligation for any of my affairs, liabilities, or accounts.

Signature of Applicant: _____ Date: _____