

Pediatric Rental Assistance Application Guidelines

Please note: per IRS regulations, the assistance can only be for the patient's primary residence and the lease agreement must be in their name. We **DO NOT** cover rent on secondary or investment properties.

When submitting your application, please follow the detailed instructions below. This is the only way to ensure that your application is reviewed and submitted for approval.

Before completing and submitting the application and any supporting documentation, please refer back to the website and click on the link to our program's policies and annual funding caps.

If you have access to DocuSign, it may be used to obtain the required signatures. However, the instructions below **MUST** be followed, no exceptions! Please refer back to the website and click on the link to the DocuSign instructions.

Below are the steps to submit a Pediatric Relief Fund Application:

Download and complete the application, which can be found on our website. There is also an optional media release form that can be submitted which allows us to share pictures, stories, and other marketing related information in our newsletters, on our social media pages, and in our organizational brochures.

Review all of the required items below before submitting your application. We must have each of the items before an application can be reviewed and submitted for approval.

This is only the minimum requirements.

As we review the application, we may need more items:

- Lease Agreement – we will need a copy of the current lease agreement (no more than one year from the date of submitting the application) between the landlord and parent or legal guardian. It should be signed by all parties. The lease agreement must list the pediatric patient as a tenant, even if they are under the age of one. The parent or legal guardian must have full custody to qualify. If parents or legal guardians share custody (50%/50%), we will need a copy of the custody agreement to support the application's information.
- Statement of Amount Due - the landlord will need to provide a breakdown of the amount due at the time of submitting the application. It will need to be itemized by the amount of rent due along with any late fees. The statement will need have the landlord's printed name, business name (if applicable), signature, and date. **If the landlord has started the eviction process, STOP! Please contact us for further assistance.**
- Balance Due – if the balance due is more than \$500.00, or the approved maximum, it will need to be paid down before our funding can be approved and released. Copies of receipts should be provided along with the other items listed at the time of submitting the application.

- Hospice Verification Letter – the letter should include the deceased’s name and their dates of service, at minimum. The letter should be on company letterhead and signed by the hospice team member. If company letterhead is not available, we will accept the approved hospice verification letter discussed below.
- Form W9 – this form is required for all rental vendors, no exceptions. This is per IRS regulations. The landlord will need to provide a current form (should be dated within the last twelve months from the date the application is submitted). These can be obtained online. The form should be completed in full, signed, and dated.
- Property Verification – as part of our due diligence, we will confirm that the landlord (individual and/or business) does indeed own the property listed in the lease agreement.
Please Note: if any information is found to have been falsified, the application will be denied. No exceptions.

Once all required information is obtained, please submit the application and supporting documentation, in PDF format, to info@hpcfoundation.org. Please note that we cannot accept pictures of the application and/or supporting documentation.

If you do not have access to your company letterhead, you can use the HPCF approved verification form, which can be found on our website. This is **NOT** the preferred method, but is acceptable if there is **NO** other option. An email verifying a patient’s hospice status **WILL NOT BE ACCEPTED!** Please refer back to our website for the link to the alternate hospice verification form.

IMPORTANT NOTES:

Applications must be submitted by a member of the hospice patient’s care team. We are unable to provide reimbursement for payments already made or items purchased. The bill or invoice must be in the adult patient’s name for which the relief fund is being awarded. This is per IRS regulations!

We welcome your feedback. Please email us at:

INFO@HPCFOUNDATION.ORG

If you require additional assistance, please reach out to us at 855-219-1648 or by emailing us at info@hpcfoundation.org.