



Dear Applicant,

The application requesting a grant from the Minnesota P.E.O. Home Fund must be filled out completely so we can understand your needs as we consider your request.

- Be specific about expenses for which you would like the Home Fund to provide funds.
- Information about the vendors, invoices, or other bills must be included. The Home Fund pays vendors and does not make checks out to individuals. For example, if you are requesting assistance with groceries you need to provide the name of your grocer. If you are requesting rent assistance, provide the name of your rental agency/landlord. Verify that the vendor will accept a P.E.O. Home Fund check.
- The “Description of Need” page is important as it provides you with the opportunity to explain your situation in your own words.
- Please refer to the enclosed [Home Fund Guidelines](#) on pages 2 and 3 to help you determine how the Home Fund may be able to help, taking note of the examples of what can and cannot be covered.
- A letter of recommendation is required: the person who recommended the Home Fund to you may write this letter or someone else you know who is not a member of your family and does not live in your household.
- The completed form can be emailed to [PEO.Home.Fund@gmail.com](mailto:PEO.Home.Fund@gmail.com) or sent to the address below.
- **The upcoming deadlines for application consideration are:**
  - **Friday August 30, 2024**; if approved checks/letters issued in October
  - **Friday November 28, 2024**; if approved, checks/letters issued in January
  - **Friday February 28, 2025**; if approved, checks/letters issued in April
  - **Friday May 30, 2025**; if approved, checks/letters issued in July

All applicants will be notified about the status of their application by email in the first week of the month following the meeting of the board. For example, when the board meets in March, applicants will be notified during the first week of April.

If you have any questions, please contact me at the address below, by phone at 612-850-4939 or by email (preferred) at [peo.home.fund@gmail.com](mailto:peo.home.fund@gmail.com). Thank you for your inquiry and interest in the Home Fund.

Sincerely,

Bonnie Eernisse, Chair  
13803 Maryland Ave  
Savage, MN 55378

## **GUIDELINES - MINNESOTA P.E.O. HOME FUND**

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The Minnesota P.E.O. Home Fund was established to make charitable grants individuals who may be disabled, aged or infirm and are in need of housing, medical treatment and care, and show financial need. While there is latitude in making grant awards, this document was put together to communicate the policies that guide the Home Fund Board of Trustees in their award decisions.

Grants from the Minnesota P.E.O. Home Fund are reviewed and awarded four times annually. We make no grants other than at regularly scheduled board meetings. We are not an emergency fund.

The grants are not intended for the accumulation of wealth by the grantee.

The grants are intended to be short-term rather than ongoing. Short-term may be defined as a single payment to a source over a period of a few months. An example might be a health insurance payment for three months.

**The Home Fund Board prefers giving grants for items for which there is no other source of funding. Home Fund grants should not interfere with other sources of funding.**

The Home Fund Board needs to be provided a clear and complete financial picture of the applicant's situation. It is important to know the cash flow situation. The debt to asset ratio of the applicant is important.

The grant application should give a clear idea of the item or items that the applicant is looking to have paid.

The Home Fund Board prefers to pay vendors rather than the applicant.

*As a matter of policy, the Home Fund **will not pay** for the following:*

- ***We do not repair, buy or make payments on automobiles.***
- ***We do not pay attorney's fees.***
- ***We do not pay credit card debt.***
- ***We do not pay child support payments or other legally imposed fees such as wage garnishments, etc.***
- ***We do not pay off student loans.***
- ***We do not give grants to pay school tuition.***
- ***We do not pay for major capital improvements to dwellings such as whole-house remodeling.***
- ***There may be instances where we could help with certain remodeling issues such as a new water heater, furnace or modifications for accessibility.***
- ***We do not make mortgage payments.***

**EXAMPLES OF AWARDS PREVIOUSLY GRANTED:**

- *Three months of assistance in paying utility or grocery bills when the name of the vendor is provided*
- *Assistance in purchasing an adaptive bicycle*
- *Assistance in paying for accessibility modifications for a home*
- *Assistance in paying for childcare costs*
- *Assistance in paying for gas to enable transportation to specialized medical care*

## THE APPLICATION PROCESS:

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- Download the application from: <https://www.mnpeo.org/peohomefund.html>
- The results of grant applications are confidential. Only the applicant is advised of the decision.
- An applicant may reapply after the initial grant is completed. They go through the same process that they did for the original application.
- A letter of recommendation needs to accompany each application.
- A P.E.O. chapter does not vote to sponsor an applicant and is never informed whether or not an applicant receives a grant. If the applicant wants to tell the P.E.O. member or chapter, it is the applicant's business. If a grant is denied, however, guidance or feedback may be given to the recommending P.E.O. chapter to increase success in future grant applications.

### Questions may be addressed to the Home Fund Chair:

Bonnie Eernisse, Chair  
13803 Maryland Avenue  
Savage, MN 55378  
peo.home.fund@gmail.com

### Before mailing an application, please check off the following items:

- \_\_\_\_\_ Completed three-page Home Fund application
- \_\_\_\_\_ Vendor names are included on page 1 of the application.
- \_\_\_\_\_ Vendor agrees to accept P.E.O. Home Fund check.

#### For example:

- If you are requesting **rent assistance**, include the name of the company/individual to whom you pay.
- If you are requesting **grocery assistance**, include the name of the company where you wish to purchase groceries (Cub, Target, etc.). [Walmart/Sam's Club do not accept checks.]
- If you are requesting **gasoline assistance**, specify Holiday or a local company. [Kwik Trip does not accept checks.]

- \_\_\_\_\_ Letter of Recommendation included
- \_\_\_\_\_ Medical order (prescription) for item or equipment
- \_\_\_\_\_ Invoice or estimated cost of item or equipment (if more than \$2,000 we need a minimum of two estimates)

***Please do not include pictures or complete medical histories.***



**P.E.O. Home Fund Application**

No. \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

**HOUSEHOLD MEMBER NAMES AND DATES OF BIRTH**

\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR ASSISTANCE**

Grant requested      **Grant of**      \$ \_\_\_\_\_ **Per month for \_\_\_\_\_ months**  
**and/or a one time grant of**      \$ \_\_\_\_\_

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_

Name and addresses of vendor(s): Attach a separate sheet if needed:

\_\_\_\_\_  
\_\_\_\_\_

I have verified that these vendors will accept a P.E.O. Home Fund check.      **Initial** \_\_\_\_\_

**CERTIFICATION AND CONSENT TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby certify the enclosed information to be true and correct to the best of my knowledge and to be of my knowledge and belief, and authorize and direct any financial agency / institution to disclose to the Minnesota P.E.O. Home Fund any information requested. I also agree to notify the Minnesota P.E.O. Home Fund of any changes in my monthly income or net worth should such changes occur.

I hereby give permission for the release of information regarding my financial status, medical and related conditions and pertinent social and family situations. It is understood that this information will be used solely by the members of the Board of Trustees of Minnesota P.E.O. Home Fund (or their representatives) to verify facts provided by the applicant (or representative) on official Minnesota P.E.O Home Fund applications.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of representative of applicant

\_\_\_\_\_  
Date

## GENERAL INFORMATION

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1. Check all that apply:                                  Disability \_\_\_\_\_ Elderly \_\_\_\_\_ Infirmary (Illness) \_\_\_\_\_
2. Have you previously received money from the Minnesota P.E.O. Home Fund?    No \_\_\_\_\_ Yes \_\_\_\_\_
3. Are other sources of funding available to you?                                  No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please list: \_\_\_\_\_
4. Have you received funding from a community or online funding source? (Examples: community fundraiser dinner, GoFundMe, Facebook, etc.)                                  No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please indicate source and amount received: \_\_\_\_\_
5. Are you a member of the P.E.O. Sisterhood?                                  No \_\_\_\_\_ Yes \_\_\_\_\_, Chapter \_\_\_\_\_ State \_\_\_\_\_
6. Are you related to a P.E.O. Member?                                  No \_\_\_\_\_ Yes \_\_\_\_\_, Relationship \_\_\_\_\_
7. Who referred you to the Home Fund?                                  Name \_\_\_\_\_ Phone \_\_\_\_\_
8. Are they a member of the P.E.O. Sisterhood?                                  No \_\_\_\_\_ Yes \_\_\_\_\_, Chapter \_\_\_\_\_ State \_\_\_\_\_

## DESCRIPTION OF NEED

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The Minnesota P.E.O. Home Fund was established to make charitable grants individuals who may be disabled, aged or infirm and are in need of housing, medical treatment and care, and show financial need. Please answer the following questions and attach additional pages if you need more space.

1. Explain the nature of your need and how it aligns to the Home Fund Guidelines:
2. What steps are being taken to improve your situation:
3. If the reason for need is related to a medical condition, provide documentation of your condition by your health care professional.
4. Please write a brief summary of your situation and any other details that will help the Home Fund Board members to understand the situation.

## MN P.E.O. HOME FUND APPLICATION

**FINANCIAL STATUS (Complete where applicable)**

**Name:** \_\_\_\_\_

<b>Monthly Living Expenses</b>	
Rent payment	\$
Mortgage payment	\$
Insurance	\$
Taxes	\$
<b>Food &amp; Groceries</b>	\$
<b>Utilities</b>	
– Water/Sewer	\$
– Garbage	\$
– Electric/Gas	\$
– Cable TV/Internet	\$
– Telephone	\$
<b>Medical/Dental</b>	
– Insurance Payment	\$
– Insurance Copay	\$
– Prescriptions	\$
<b>Automobile</b>	
– Gasoline	\$
– Maintenance and Repair	\$
– Insurance	\$
<b>Loans / Charge Payments (list)</b> Use add'l sheet if needed	
–	\$
–	\$
–	\$
<b>Child Care</b>	
– Child support paid out	\$
– Alimony paid out	\$
– Other court ordered payments	\$
– Tuition	\$
– Other expenses	\$
<b>Total Monthly Living Expenses</b>	\$

<b>Monthly Household Income</b>	
Applicant earnings	\$
Other earned household income	\$
Estate/trust account income	\$
Earned income tax credit	\$
Child support received	\$
Alimony received	\$
Rental/contract for deed income	\$
Food Support Received	\$
Household Social Security	\$
Household pension including railroad, military or other payments	\$
Household disability income	\$
<b>Assistance</b>	
– Food support	\$
– Housing subsidy	\$
– Other cash programs	\$
– Other community/online fundraisers	\$
<b>Total Monthly Income</b>	\$
<b>Assets</b>	
Cash in checking	\$
Cash in savings	\$
Stocks & Bonds	\$
Real Estate	\$
– Do you live here?	
Other Real Estate	\$
<b>Other assets (list)</b>	
–	\$
–	\$
–	\$
How much do you owe on your home?	\$
<b>Total Assets</b>	\$