TPI Hospitality PEACE Fund
Associate Hardship Application

1) Associate Information

Complete this section if you are a current associate of TPI Hospitality located in the United States and applying for a hardship award. Then, skip to Section 3.

If you are an eligible family member of a TPI Hospitality associate (defined as: lawful spouse; unmarried dependent child; unmarried dependent step-child; and/or child for whom the associate is deemed to be the legal guardian), complete this section and proceed to Section 2.

Last Name	**First Name**	**M.I.**	**Associate ID**
Street Address	**City**	**State**	**Zip Code**
Mailing Address (if different than above)			
Daytime Telephone	**Cell Telephone**	**E-mail address**	
Work Location	**Department**	**Job Title**	

2) Eligible Family Member Information

Complete this section if you are an eligible family member of a TPI Hospitality associate located in the United States and applying on behalf of the associate; or, complete this section if you are an eligible family member and applying for a hardship award due to the death of the associate.

Please note that verification of relationship may be required through documents including a marriage license, birth certificate, tax return, etc. Please attach appropriate documentation to expedite the application process.

Last Name	**First Name**	**M.I.**	**Relationship to Associate**
Street Address	**City**	**State**	**Zip Code**
Mailing Address (if different than above)			
Daytime Telephone	**Cell Telephone**	**E-mail address**	

Continued on page 2

3) Hardship Information

Complete this section, providing as much detail as possible.

Amount Requested (*maximum award is $2,000*)	**Crisis Type (check appropriate box)** ☐ **Medical** ☐ **Accident** ☐ **Fire** ☐ **Natural disaster (such as a flood, tornado, etc.)** ☐ **Funeral** ☐ **Other (please specify: _____)**
Date of Onset	
Description of crisis event that caused the hardship	
Intended use of an award (attach valid supporting documents, such as bills or invoices)	

4) Confirmation and Signature

By signing below, I confirm that to the best of my knowledge:

- Information provided on this application is true and correct, and
- I understand I may need to provide additional information and/or documents in order for my application to be considered and I agree to do so, and
- I authorize any outside agency, vendor or individual to disclose personal, confidential and/or financial information as it pertains to my situation and this application.

Signature	**Date**

Submit this completed application and supporting documentation to:

TPI Hospitality
103 15th Avenue NW Suite 200
Willmar MN 56201
or email to peace@tpihospitality.com