



SUMMARY OF HARDSHIPS

OVERVIEW

MyBill Angel seeks to form a syzygy between an ANAV (a person in need) and an Angel. There are certain requirements that must be met and verified for a request to be fulfilled by an Angel. The person in need is the only one who can submit a need. The participant must verify that the hardship involves an “immediate and heavy financial need” or the bill must be “past due” due to one of the following reasons:

- Medical care for the participant
- Post high-school educational payments for the participant
- To prevent eviction from or foreclosure of the participant’s principal residence
- Funeral and burial expenses for the participant’s spouse, parent, dependent or primary beneficiary
- Repairs for automobile or repossession prevention
- Utility payments for primary residence to avoid disconnection

ANAVs are allowed to apply for assistance three times a calendar year.

VERIFICATION

MyBill Angel requires that the selected category of hardship be substantiated by its own set of documents. You may choose to provide original source documents (such as invoices, eviction notices, etc.) that substantiate *each* of the requirements listed under the relevant category.

MEDICAL CARE

- Amount of medical expenses not covered by insurance
- Total amount requested does not exceed actual cost
- Name and address of service provider

AUTOMOBILE ASSISTANCE

- Emergency auto repair
- Vendor information
- Emergency vehicle repossession payment

EDUCATIONAL PAYMENTS

- Amount of educational expense
- Total amount requested does not exceed actual cost
- Type of expense (tuition, room/board, etc.)
- Name and address of educational institution
- Period covered by educational payment (beginning/ending dates up to 12 months)

MORTGAGE FORECLOSURE OR EVICTION

- Address of residence
- Location is participant’s principal residence
- Type of event (foreclosure or eviction)
- Amount required to prevent foreclosure/eviction
- Payment due date
- Name and address of party who issued the notice
- Total amount requested does not exceed actual cost

FUNERAL AND/OR BURIAL EXPENSES

- Name of deceased
- Relationship to participant
- Date of death
- Amount of funeral and burial expense
- Name and address of service provider (cemetery, funeral home)
- Total amount requested does not exceed actual cost

UTILITY ASSISTANCE

- Address of residence
- Location is participant’s principal residence
- Vendor Information
- Due date
- Total amount requested does not exceed actual cost