

APPLICATION FOR CLASSIFICATION AS EXTREME HARDSHIP CASE

I. TRUST CLAIMANT INFORMATION

Trust Claimant: _____
Address: _____ POC#: _____

Attorney Name: _____ Phone#: _____
Law Firm: _____
Address: _____

Injury Alleged: _____
Date of
Diagnosis: _____

If you have updated medicals, please attach them to the application.

II. STATEMENT FROM CLAIMANT

To qualify for Hardship status, a Manville Trust claimant must demonstrate extreme financial hardship. Attach a narrative statement from the claimant (or surviving spouse/dependents) explaining the nature and extent of the financial hardship and how it is the direct result of an asbestos-related injury.

III. FINANCIAL HARDSHIP

For the Trust to evaluate a claimant's financial hardship, you must complete the financial statement below and attach documentation where requested. In the absence of this financial information your request for hardship status will not be reviewed.

Dependents

List all dependents, their relationship to the claimant, and their ages.

Name	Relationship	Age

Settlements/Verdicts/Judgments

List the amounts of settlements/verdicts/judgments received from each co-defendant, and the date(s) they were received on the next page. In the event that there are settlements negotiated but not yet received, also record them.

Codefendant	Amount	Date

Life Insurance Proceeds

List the amount of any life insurance proceeds received with respect to the claimant. If the claimant is living, list the face value of any policies currently in force.

Amount(s)	Dates(s)

Federal Tax Returns

Attach a copy of the claimant's (or surviving spouse's) Federal tax return for each of the last two years for which returns were filed.

Specify years: _____

Statement of Monthly Expenses

On the table below, list all monthly expenses incurred. Extraordinarily high expenses must be supported by explanation and/or copy (ies) of a monthly billing statement.

HOUSEHOLD EXPENSES:	AMOUNT
Cleaning and laundry	_____
Clothing	_____
Groceries	_____
Household furniture/furnishings	_____
Household help	_____
Maintenance and repairs	_____
Mortgage/rent	_____

HOUSEHOLD UTILITIES:	
Gas and electric/oil	_____
Telephone	_____
Water and sewage	_____
Other:	_____

TRANSPORTATION:	
Car payment	_____
Carpool	_____
Gasoline and Oil	_____
Maintenance and repairs	_____
Parking/tolls	_____
Public transportation/taxi	_____
Title and tags	_____
Other:	_____

INSURANCE PREMIUMS:	
Automobile insurance Homeowners/renters	_____
Life insurance	_____
Medical insurance	_____
Other:	_____

SCHOOL: (if college, name school)	
Activities	_____
Books, supplies, uniforms	_____
Lunch money	_____
Room and board	_____
Transportation	_____
Tuition	_____
Other:	_____

OTHER EXPENSES:

Allowance/spending money _____
Child care/babysitters _____
Entertainment _____
Gifts (Christmas/Hanukkah/birthday) _____
Hairdresser and/or barber _____
Personal care/toiletries _____
Recreation/lessons/hobbies _____
Subscriptions/newspapers/books _____
Taxes _____
Vacation _____
Other: _____

MEDICAL AND DENTAL:

Dental _____
Doctor _____
Drug store items _____
Prescription drugs _____
Non-prescription drugs _____

Other medical expenses:
Describe on separate sheet.

TOTAL MONTHLY EXPENSES: _____

Statement of Monthly Income

List all sources and amounts of monthly income. If the spouse or any other members of the household are employed or receive any benefits, these amounts must be included.

SOURCE

Wages:

Amount:

Pension:

If spouse is not working, please explain why on the back of this page.

Worker's Compensation:

Social Security (list benefits):

If none, explain why:

Other: (annuities, investment income, etc.)

TOTAL MONTHLY INCOME: _____

Statement of Financial Liabilities

List all large outstanding liabilities (e.g., mortgage, medical bills, loans). If any of these are in arrears, attach supporting documents.

Charge Accounts:	Monthly Payments	Total Amount Due

Mortgage Payments:	Monthly Payments	Total Amount Due

Automobile Payments:	Monthly Payments	Total Amount Due

Outstanding Medical/ Dental Bills:	Monthly Payments	Total Amount Due

Other Outstanding Debts:	Monthly Payments	Total Amount Due

TOTAL LIABILITIES:

Statement of Financial Assets

List all available assets (e.g., savings/checking accounts, stocks, bonds, face value of life insurance policies, etc.) Copies of bank statements will serve to support the amounts listed.

Liquid Assets:

Checking/Savings, etc. account(s)

Institution	Balance	Account No.

Real Property:

Address:	Purchase Price	Mortgage Balance

Pension/Profit-Sharing Plan:

Employer	Value/Expected Benefit	Date of Commencement

Personal Property:

Vehicles (automobiles, boats, campers, etc.)

Year/Make/Model	Owner	Lien

Other Assets:

Please send your hardship request and supporting documents to the address below. Upon receipt of a request for Extreme Hardship consideration and the items of documentation listed above, your case will be reviewed. Clarification or further explanation of certain items or facts may be required as each case has its own unique set of circumstances.