

Team Member Emergency Fund Application Checklist

- Confidential Application is completed in its entirety
- Reason for emergency is clearly stated with supposed documentation included

Please review the application carefully. Your application will not be considered unless documentation is provided to support your emergency financial hardship. Please attach copies only – DO NOT submit originals.

Examples of supporting documentation

- **Theft** - copy of police report
- **Flood** - photos, insurance claim
- **Fire** - photos, insurance claim, Fire Department report
- **Medical** - medical bills, pharmacy receipts, short term disability approval or denial letter, travel expenses, insurance company explanation of benefits or denial of benefits
- **Family bereavement** - funeral expenses, record of lost wages
- **Dangerous living conditions (domestic violence, utility shutoffs, etc.)** - Domestic situation explained and defined, shutoff notice from water or electric company, eviction notice, police report if applicable
- **Eviction or Foreclosure** - Court order, letter from bank, letter landlord

Direct any questions to Human Resources or the Team Member Assistance Fund Committee Chair.



TEAM MEMBER EMERGENCY ASSISTANCE APPLICATION

Name of Applicant	
Team Member ID	
Date	
Address	
Email	
Cell/Home Phone Number	
Date of Hire	
Department	

Please indicate why you are requesting funds from the Team Member Emergency Assistance Fund. Please also make the committee aware of other resources that you investigated to assist with this hardship.

Please indicate the amount you are requesting from the Team Member Assistance Fund _____.

Have you received funds from the Team Member Assistance Fund in the past? If so, when and for what reason?

You must include documentation to support your request along with this application. Examples of documentation include: a copy of the bill, turn off notice or statement of monies owed. Please complete the monthly budget chart below to better help us in reviewing your request for assistance. Incomplete applications may not be presented to the committee for review.

Mortgage/Rent	
Transportation	
Auto Insurance	
Cell Phone	
Electric	
Home Heating	
Credit Card Payment	
Cable/ Internet	
Child/ Elder Care	
Groceries	
Student Loans	
Additional Expenses	
Enter the total here	
Subtract monthly income	
Total Income after Expenses	

I certify that the above information is true to the best of my knowledge. I have reviewed the guidelines and understand that I may not be eligible for assistance.

Signature

Printed Name

Date