

Date:

Case #:

STAFF SENATE EMERGENCY ASSISTANCE FUND

CONFIDENTIAL EMERGENCY ASSISTANCE PROGRAM APPLICATION

I. APPLICANT'S PERSONAL DATA

Name:

UWF ID#:

Marital Status:

Spouse Name:

Dependents:

Home Address:

Home Phone/Cell Phone:

Department:

Supervisor:

II. DETAILED DESCRIPTION OF NEED:

Use back of form if necessary. Supporting documentation must be included with the application or IT WILL BE RETURNED TO YOU FOR COMPLETION.

Date:

Case #:

III. REFERENCES FOR VERIFICATION OF NEED (At least two):

1. Name:

Address:

City/State/Zip Code:

Telephone:

Relationship:

2. Name:

Address:

City/State/Zip Code:

Telephone:

Relationship:

3. Name:

Address:

City/State/Zip Code:

Telephone:

Relationship:

Date:

Case #:

IV. COMMITTEE RECOMMENDATION:

APPROVED: DISAPPROVED:

**Amount exceeds \$500/Staff Senate Executive Committee Decision:
APPROVED: DISAPPROVED:**

REASON:

V. COMMITTEE MEMBER SIGNATURE(S):

Date:

Case #:

FINANCIAL ANALYSIS CHECKLIST

NUMBER IN HOUSEHOLD:

I. BASIC MAINTENANCE

<u>DESCRIPTION</u>	<u>AMOUNT DUE</u>	<u>COMPANY OWED</u>	<u>DATE DUE</u>
a. Rent/Mortgage			
b. Electric			
c. Gas			
d. Water			
e. Cable/Internet/Phone			
f. Insurance			
g. Transportation (Work only-gas/car payment)			
h. Food			
i. Child Care/Child Support			
TOTAL			

II. INCOME SOURCES

<u>SOURCES</u>	<u>PERIODIC RECEIPTS (\$)</u>
a.	(salary)
b.	(other)
c.	(other)
TOTAL	

III. OTHER ASSETS:

<u>BANK</u>	<u>ACCOUNT BALANCE</u>	<u>TYPE OF ACCOUNT</u>
a.		
b.		
c.		
TOTAL		

IV. OTHER: (INSURANCE)

<u>INSURANCE CO.</u>	<u>VALUE</u>	<u>DEDUCTIBLE</u>
a.		(car)
b.		(house)
c.		(other)

SIGNATURE OF ELIGIBLE EMPLOYEE

DATE