




# The Employee Hardship Fund

## Application

The Employee Hardship Fund (Fund) has been established to provide limited financial assistance to employees who experience an unexpected personal emergency that results in an immediate, severe and temporary financial hardship. The hardship must be temporary - an employee with long-standing financial challenges will generally not meet the criteria to receive emergency assistance from the Fund.

Please use the checklist below to help you complete the application and submit all required information in a timely manner:

| Application Checklist  | Check here  when completed  |
|--|--|
| <p>Meet eligibility criteria:</p> <ul style="list-style-type: none"> <li>• Employee or immediate family member experienced a sudden, severe emergency (within the past four (4) months) resulting in temporary financial hardship</li> <li>• Current active full-time or part-time (24+ hrs./week) employee</li> <li>• Have worked at YNHH continuously for at least 12 months</li> <li>• The expense is solely the responsibility of the employee</li> <li>• Community resources have been exhausted</li> </ul> | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/> |
| Complete and sign the application  | <input type="checkbox"/>   |
| <p>Attach the following required documentation to your application:</p> <ul style="list-style-type: none"> <li>• Your two most recent paychecks</li> <li>• Copy of invoice or statement from creditor</li> <li>• Documentation of community resource assistance received or denied</li> <li>• Documentation to support the hardship</li> </ul>   | <input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/><br><br><input type="checkbox"/>                                 |
| Make copy of entire application, along with required documentation, before submitting to the Fund Administrator  | <input type="checkbox"/>   |

Please send the completed application in an envelope marked “Confidential” to your local Human Resources office.



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Please complete this application in its entirety and provide all documentation specified. No action will be taken unless the application is complete. All personally identifying information will be removed before the application is forwarded to the Fund Review Committee. The Committee meets weekly to review applications. You will be notified of acceptance or denial within approximately 5-7 business days of receipt of the application. All application materials will be retained by Human Resources and will be kept strictly confidential.

## Personal Information

Please print clearly

|  |                                     |  |
|--|-------------------------------------|--|
| Employee Name:                           |                                     | Employee ID:   |
| Home Address:                            |                                     |  |
| City:                                    | State:                              | Zip:   |
| Preferred Email Address:                 |                                     |  |
| Preferred Phone#:<br>(____) _____- _____ | Work Phone#:<br>(____) _____- _____ | Status:<br>Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> |
| Department:                              |                                     | Date of Hire:  |
| Organization:                            |                                     |  |
| Supervisor:                              |                                     | Years of Service:  |

Have you applied to the Employee Hardship Fund in the past?  YES  NO

If yes, when? \_\_\_\_\_

I certify that the information provided in this application and in all supporting documents are complete and accurate and that my financial hardship is genuine. I understand that my application will not be considered for financial assistance if it is found to contain misleading information. I understand that all of my information will be kept strictly confidential and I give permission to the Fund Administrator to provide required information to the internal departments and/or external consultants who are involved in the administration of the Hardship Fund.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## Office Use Only:

Date Received: \_\_\_\_\_

Application number: \_\_\_\_\_

Application Number \_\_\_\_\_

**What is the nature of the emergency situation for which you are requesting assistance?**

- Loss or damage of uninsured property due to fire, natural disaster or theft
- Unexpected family crisis resulting in the inability to meet immediate essential expenses (i.e. shelter, food, clothing).
- Safety issue requiring immediate action (e.g., domestic violence).
- Other, please explain

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**Details of the Emergency Situation:**

1. Date the emergency situation occurred: \_\_\_\_\_  
Please describe the details of the emergency event:

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2. Describe what steps you have taken to resolve your emergency. Ex. Payment plan, insurance claim, etc.

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3. Do you have family and/or friends to support you during this emergency?  YES  NO

4. Have you contacted the Employee and Family Resources program for confidential counseling and support during your time of emergency hardship?  YES  NO

5. What is your most immediate need for financial assistance at this time?

a) Funds to be used for: \_\_\_\_\_

b) Name of creditor: \_\_\_\_\_

c) Payment Address: \_\_\_\_\_

d) Amount of funds requested: \_\_\_\_\_

**Household Information**

Your current living situation:     Own     Rent     Other: \_\_\_\_\_

List all individuals who reside in your household and how much they contribute toward household expenses:

| Relationship<br>(e.g., spouse, significant other, child, grandchild, roommate, parent, etc.)<br>Do NOT include names | Age | In School  | Amount Contributed Per Month to Pay for Household Expenses |
|--|-----|--|--|
| 1.   |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 2.   |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 3.   |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 4.   |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 5.   |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 6.   |     | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |

**Financial Information**

**Monthly Income After Taxes**

| Employee Pay<br>(Your take-home income each month) | Other Employee Income Sources<br>Per Month   | Additional Household Income<br>(spouse, partner, etc.) | Total Income<br>(take-home income per month) |
|--|--|--|--|
| \$ _____   | \$ _____<br><br><input type="checkbox"/> Child support <input type="checkbox"/> Alimony<br><input type="checkbox"/> Govt. Assistance<br><input type="checkbox"/> Work. Comp. <input type="checkbox"/> Other Jobs | \$ _____   | \$ _____                                     |

**Other Financial Assets**

Please provide an estimate of the other financial assets you currently have to support you during this emergency:

| Type of Asset   | Name of Institutions (s)<br>(Bank, Credit Union, etc.) | Estimated Account Balance |
|---|--|---------------------------|
| Checking, savings and money market accounts   |  | \$ _____                  |
| Other personal investment accounts (do <u>not</u> include any retirement accounts - or IRA's) |  | \$ _____                  |
| Other assets: (Explain)   |  | \$ _____                  |
| <b>Total Liquid Assets</b>  |  | \$ _____                  |

**Monthly Living Expenses**

Please provide an estimate of all monthly expenses below. Submit a copy of the most recent statement or bill from any creditor listed below if you are requesting payment to the creditor as part of your application:

| <b>Monthly Expenses</b>                                 | <b>Estimated Monthly Payment</b> | <b>Balance Due on Account (if applicable)</b> |
|---|----------------------------------|---|
| Mortgage or Rent  | \$                               | \$  |
| Homeowner's/renter's Insurance & taxes                  | \$                               | \$  |
| Utilities (electric, water, gas, cable/TV)              | \$                               | \$  |
| Phones  | \$                               | \$  |
| Auto expenses (loan, insurance, gas)                    | \$                               | \$  |
| Food and household necessities                          | \$                               | \$  |
| Credit card expenses (combined all credits cards)       | \$                               | \$  |
| Educational (current tuition, school loans or supplies) | \$                               | \$  |
| Medical expenses  | \$                               | \$  |
| Child and/or elder care                                 | \$                               | \$  |
| Other monthly expenses, explain:                        | \$                               | \$  |
| <b>Total Expenses</b>                                   | <b>\$</b>                        | <b>\$</b>                                     |

**Community Outreach**

Which of the following community resources have you contacted to date? Please provide supporting documentation to validate assistance received or denied.

| <b>Agency</b>                                   | <b>Date Contacted</b> | <b>Summary outreach effort</b> |
|---|-----------------------|--------------------------------|
| United Way – 211                                |                       |                                |
| Employee and Family Resources<br>1-877-275-6226 |                       |                                |
| Community Action                                |                       |                                |
| Department of Social Services                   |                       |                                |
| American Red Cross                              |                       |                                |
| Local Utilities                                 |                       |                                |

Please provide any additional documentation.