

Application for Emergency Financial Assistance

The Employee Emergency Assistance Fund is designed to provide short-term emergency support to eligible employees who have experienced financial hardship due to unexpected and unavoidable circumstances. Under these circumstances, an employee may be eligible for funding to assist with the expense related directly to the cause of the financial hardship or to assist with basic living expenses that cannot be met because of the circumstances.

Please complete this application with as much detail as you are able to provide. All identifying information will be removed prior to review by the Employee Emergency Assistance Fund Committee, and your application will be securely stored within the Office of Human Resources.

Should you need any assistance, please contact the Office of Human Resources.

About You and Your Household

Full Legal Name: _____

Employee ID: _____ Sewanee Email: _____

How many people live in your household? _____ Adults? _____ Children? _____

Are you the primary source of income for your household? (circle one) Yes No

Preferred Contact Phone Number _____ (circle one) Cell Home

Is it okay to leave a message at this number? (circle one) Yes No

Housing Information

Describe your housing arrangement? (circle one) Own Rent Other

How much do you pay for housing each month? _____

If there is anything else we should know about your housing arrangement, please share it with us here. _____

Information About Your Emergency Situation

Describe your emergency situation in detail: What is happening? _____

Describe how this emergency situation has caused you financial hardship: How has this made it difficult to afford basic living needs? _____

Please tell us anything else that would help us understand the hardship you are experiencing. If this application is being completed by someone other than the employee (as in the case of death or other inability to complete the form), please explain and provide a contact name and information.

Payment Preferences

Approved applications are funded via payroll on the next available payroll processing. If the next available payroll date is inconsistent with the need, a check will be issued within one business day following approval. If your situation requires expedited payment processing, please describe the need for payment to be made prior to the next available payroll processing.

Declarations & Agreement

No employee is entitled to receive a grant, either by their employment, their history of contributions to the Fund or because of any precedent inferred from a previous grant from the Fund. Grants will not be made before an employee has demonstrated an immediate financial need and provided all required documentation.

This application will be treated in a confidential manner by the Office of Human Resources and the Employee Emergency Fund Committee; however, non-identifying statistical information may be reported to University administration. Employees are expected to provide truthful and accurate information.

By signing below, you certify that the information provided is true and complete, that you authorize the University of the South to obtain and/or verify all information necessary to process this application, and you release the University of the South from any liability associated with the rejection of or funding of this application.

Remember that the maximum amount any employee can receive in a 12-month period is \$2,500. It is likely that, from time to time, lesser amounts will be awarded. In addition, you agree to provide the requested documentation supporting the information provided.

Signature: _____ Date: _____

Supporting Documentation

At minimum, your application must include the following:

- documentation substantiating the date, amount, and type of expense (an invoice, bill, or receipt)
- documentation substantiating financial need (the most recent year's income tax return and statements showing current balances in checking and non-retirement savings accounts).