

OPEIU Local 8 Hardship Fund

Confidential Application for Assistance

Eligibility Guidelines for the Hardship Fund:

- **Must be a Member in good standing.**
- **Have suffered an EMERGENCY or CATASTROPHIC situation that has caused temporary, sudden and non-recurring financial shortfall (e.g., natural disaster, immediate family crisis, acute illness or injury).**
- **Are unable to meet immediate, essential expenses.**

Member's Name _____ Employer _____

Address _____ City _____ State _____ Zip _____

Email Address _____ (please print)

Best Contact Phone # _____ Work Phone # _____

I hereby state that the information herein provided is true and correct to the best of my knowledge.

(Signature) _____ Date _____

Return your completed Application to the OPEIU Local 8 office by:

Mail: OPEIU Local 8 Hardship Fund
2900 Eastlake Ave E Ste 220
Seattle, WA 98102

or

Fax: (206) 441-0207

Email: Sally@opeiu8.org



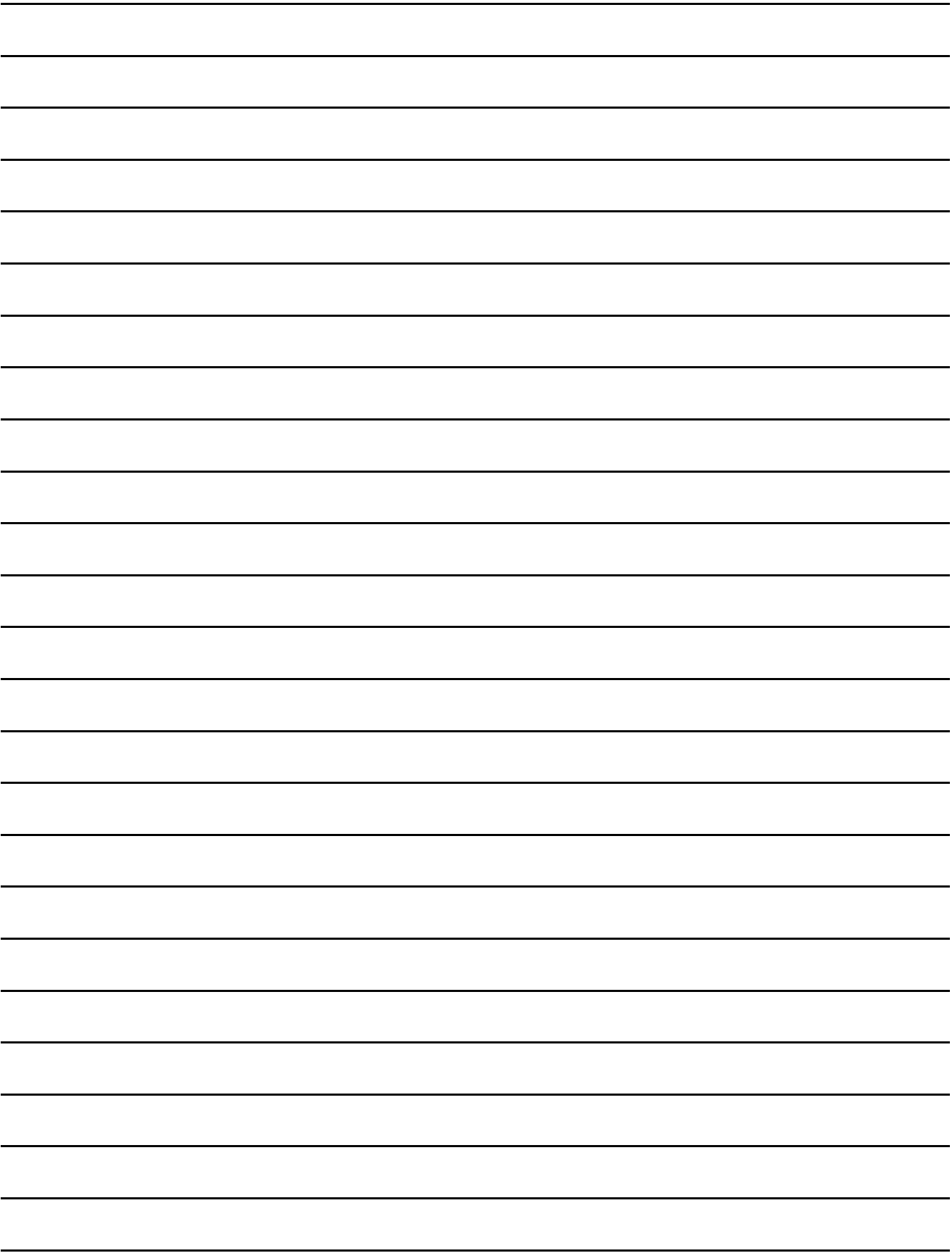
For Office Use Only

ID #: _____

Application Instructions:

- 1) Fill-in all requests for information and sign the Application Form.
- 2) Include all documentation of need that details the hardship request – written estimates, actual bills, receipts, rental agreement, mortgage payment book, invoices of service...
- 3) Requests for funds and all accompanying documentation of need should not exceed \$250 – the maximum Hardship Fund award.
- 4) Please list the exact amount of assistance needed and the vendor or creditor that the amount should be sent to. (As a general rule, checks are not paid directly to applicants nor are gift cards awarded.)
- 5) If a request for assistance includes more than one (1) vendor or creditor, please itemize and prioritize the specific amount below. No more than a total of \$250 dollars will be approved.

Please explain your “EMERGENCY or CATASTROPHIC situation that has caused temporary, sudden and non-recurring financial shortfall (e.g., natural disaster, immediate family crisis, acute illness or injury):



Please list each individual expense that you are seeking assistance for – in order of urgency and need (these amounts should not total more than \$250):

	Explanation of Assistance Needed	Name and Address of the Vendor/Creditor to Receive Payment	Exact Dollar Amount Needed
1			
2			
3			

Total Amount Requested \$ _____

Documentation MUST be attached for each item listed above or the application WILL NOT be processed.

Examples: bills, invoices, leases, written estimates and/or receipts.

If submitting estimates or costs for service(s), please be sure the paperwork is as detailed about the expense and need as possible.

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