

# 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:*** kim@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 \$350 – 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 \$350 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):**

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Please list each individual expense that you are seeking assistance for – in order of urgency and need (these amounts should not total more than \$350):

	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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ID #: \_\_\_\_\_