**EMPLOYEE IN NEED EMERGENCY ASSISTANCE APPLICATION REQUIREMENTS**

Edmonds College Foundation Emergency Assistance Program is available for currently employees who are experiencing an ***unforeseen financial situation*** that is beyond their control.

**What can emergency funds pay for?**

* Most importantly, ***Basic Life Necessities that are past due***, such as
	+ Food, shelter, utility bills, car repairs
* Under limited circumstances **c*ell phone and internet services***
	+ Emergency funds can be used to pay for ***basic*** telephone service and internet connection. The funds ***cannot*** be used to pay for the full charges of a bundled service or special telephone applications or call/text charges in excess of the service contract.

**Application Requirements:** Submit a completed application form with the following documents:

* **Personal Statement:** On a single page, explain your unforeseen circumstance or emergency and include:
	+ Why you need the emergency funds and how the money will be used
	+ The *exact amount* requested and who should be paid
	+ What you have done to try to remedy your financial difficulties
* **Supporting Documentation:** In addition to the application, the following documents will be used to determine your financial circumstances, the nature of your emergency and the award amount.
	+ Budget Form (part of application)
	+ Documents that support your financial emergency (*Copies* of invoices, receipts, eviction notice, police reports, medical statements, car repair estimates, etc.)
		- Provide copies only as they will not be returned.

**REMEMBER, ONLY COMPLETE APPLICATION PACKETS WILL BE CONSIDERED**

**Award Process:** Applications are reviewed weekly, by a committee comprised of College and Foundation staff. ***Exceptions may be made for employees requiring immediate assistance for food or shelter.***The employee’s personal statement and supporting documentation will be used to determine the applicant’s level of emergency and amount of award.

If approved, award checks will be made payable to and sent directly to the service provider. Employees will be contacted by phone after their application has been reviewed to inform them of approval or denial of their application. They will be notified again when checks have been mailed to the provider.

**Edmonds College Foundation Employee in Need Emergency Assistance will only be awarded to an employee ONCE in a 12 month period. The maximum award amount is $500.**

**APPLICATION FOR EMPLOYEES IN NEED EMERGENCY ASSISTANCE**

**Instructions:**

1. Review Edmonds College Foundation Emergency Assistance application guidelines and requirements.
2. Provide a letter discribing the nature of this emergency.
3. Complete and submit the application and all supporting documents to the Foundation Office, located in Gateway 310. You can also email your documents to foundation@edmonds.edu

**Answer all questions and submit all necessary supporting documents. Incomplete applications will not be considered.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Personal Phone #

 *First Middle Initial LAST*

Street Address Apartment #

City State Zip

Employee ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee classification [ ]  Classified [ ]  Full-time or [ ] Part-time

 [ ]  Exempt [ ]  Full-time Faculty [ ]  Part-time Faculty [ ]  Hourly

Hire date \_\_\_\_\_\_\_\_\_Have you applied for EINEF funds previously? [ ] Yes [ ] No If yes, date \_\_\_\_\_\_\_\_\_\_

Monthly gross income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would be the consequences of not meeting this need?

[ ] Eviction notice received/loss of housing [ ] No transportation for work

[ ] Amount submitted to collections [ ] Power shut off

[ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **AMOUNT REQUESTED** | **CHECK PAYABLE TO** |
| $ |  |
| $ |  |
| $ |  |

**\*\*\*\*\*\*\*\*WE DO NOT MAKE CHECKS PAYABLE TO EMPLOYEES\*\*\*\*\*\*\*\***

**Complete the budget form included with this application and submit with all required supplemental documentation to the Foundation**

I understand that the information I have provided is true and correct to the best of by knowledge. I give the selection committee and EC Foundation consent to review my application and supporting documentation.

**EMPLOYEE SIGNATURE**  **DATE**

**APPLICATION REQUIREMENTS AND DETAILS CAN BE FOUND ON THE EMPLOYEE IN NEED EMERGENCY ASSISTANCE APPLICATION REQUIREMENTS SHEET**

**Revised 06.28.2022**

Edmonds College does not discriminate on the basis of race; color; religion; national origin; sex; disability; sexual orientation; age; citizenship, marital, or veteran status; or genetic information in its programs and activities.

This budget form is to help us better understand your situation.

**Emergency Assistance Application**

**Budget Form**

 **Monthly Income – Excluding Educational Income**

|  |  |
| --- | --- |
| Wages and Other Earnings | $ |
| Child Support Received | $ |
| Government AssistanceUnemployment, Social security, Welfare benefits | $ |
| Veterans Benefits | $ |
| Other (please specify)  | $ |
| **TOTAL MONTHLY INCOME** | $ |

 **Monthly Expenses – Excluding Educational Expenses**

|  |  |
| --- | --- |
| HousingMortgage/rent, etc. | $ |
| Utilities | $ |
| Food | $ |
| Childcare | $ |
| TransportationCar loan payment, Gas, Bus pass, etc. | $ |
| Incidentals | $ |
| Other (please specify)  | $ |
| **TOTAL MONTHLY EXPENSES** | $ |

**Approved by Employee Emergency Fund Committee: Yes No**

***Emergency Fund Committee Representative Name* *Signature* *Date***

**Approved by EC Foundation Executive Director: Yes No**

***Emergency Fund Committee Representative Name* *Signature* *Date***