

Employee Emergency Assistance Fund (EEAF) Application

Applicant Information

Date of Request: _____

Employee Name (Last, First, Middle): _____

Employee ID Number: _____

Employment Status (indicate below):

Faculty Staff Contractual Type: _____

Employment Department: _____

Length of Service: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Have you requested emergency funds in the past 12 months?

Yes If yes, prior amount _____, or No

How did you hear about the faculty and staff emergency fund?

- Faculty member
- Staff member
- Friend/family member
- Website
- Other

Funding Needs

Which of the following categories best describes the reason for your financial emergency?

- Significant loss of household income resulting in inability to meet immediate, essential expenses (food, shelter, utilities)
- Significant unexpected expenses that cannot be delayed

- Unanticipated expenses related to the care of a dependent
- Emergency medical, dental, or prescription expenses that must be paid to receive needed care
- Death of a family or household member

Timeline

- Payment Due Date: _____
- Shut-off/Eviction/Foreclosure Date (if applicable): _____

Itemized Amount Requested *(Where applicable this should match the information included on your submitted documentation.)*

- Food: \$ _____
- Housing: \$ _____
- Utilities: \$ _____
- Medical/ Emergency health expenses: \$ _____
- Transportation: \$ _____
- Funeral \$ _____
- Other: \$ _____

Total Amount Requested: \$ _____

Please provide a detailed explanation of your financial emergency, including the circumstances that caused your current situation, and how the grant fund award being requested will be used to alleviate the situation. *(Example: I need help to make this month's rental payment. My spouse was laid-off, applied for unemployment benefits but no payment has been received. Rent is \$1500/month and we are not able to make a payment, and continue to meet our food expenses. An award of \$500 would be used toward rent.)*

If you cannot provide documentation due to privacy or safety concerns, explain why.

Other Funding Sources

Have you exhausted alternative funding options?

Yes No

Please list other funding options, government programs, community-based programs or financial resources you have considered and the result of each? *(For example, savings account, unemployment benefits, extended payment plan):*

Terms & Conditions

I agree to use any award fund for the requested purpose(s) only. Agree ____ (initial)

To be compliant with accounting procedures, I agree to submit any requested documentation (receipts, statements, etc.) in order to demonstrate why funds are needed or how funds were used or will be used.

Agree ____ (initial)

I understand that money received from the Salisbury University Faculty & Staff Emergency Fund is taxable income. Agree ____ (initial)

I have read and understand the provisions of the Salisbury University Employee Emergency Assistance Fund (EEAF) guidelines. I certify that the information provided on this application is complete and accurate and all supporting documentation that I provide is valid and accurate. I understand that completion of this form is not a guarantee of approval. I understand if I falsify or submit fraudulent information, I will be required to repay the amount awarded, and it will be grounds for disciplinary action. Agree ____ (initial)

Employee Signature: _____ Date: _____

Next Steps

Please submit appropriate documentation to verify the circumstances described above, e.g. written notification of a job loss or pay reduction for anyone in your household; rental statement from a property management company or a verifiable landlord for your primary residence; utility bill indicating a scheduled shut-off; a repossession notice for your primary vehicle. Documentation is considered sufficient when it directly verifies the emergency (eviction notice, shut-off, medical bill, etc.). If

documentation cannot be safely provided, applicant's written explanation is accepted. **Submit your documents to the secure mailbox for the Emergency Fund: AssistanceFund@salisbury.edu or drop off in person at the Human Resources Office located in Holloway Hall, Suite 153.**

A representative from the EAAF Committee will contact you if any additional information or documentation is needed. You will be notified by the EAAF Committee via email of the approval or denial within two (2) business days of the weekly EAAF Committee meeting. If your application is approved, award funds will be provided to faculty and staff in the next available payroll cycle.