

Coast Federation of Classified Employees
AFT local 4794

Hardship Fund

Confidential Application for Assistance

Eligibility Guidelines for the Hardship

- Must be a Member in good in good standing with the Union.**
- 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 _____ Position/Worksite _____

Home address _____ City _____ State _____ Zip _____

Personal 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 CFCE Union office by:

Mail: CFCE Union Office
Attention: Jamie Crowder
PO Box 3688
Huntington Beach, CA 92605

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

Application Instructions:

Fill-in all requests for information and sign the application form.

Include a description of the event that created the hardship and the impact to your financial situation.

Requests for assistance should not exceed \$350 – the maximum Hardship Fund awarded in a single gift card.

Please indicate if you are currently without a permanent residence, transportation, food, or medicine due to this hardship event and need immediate assistance.

In order to process your application please provide any recent copies of documentation that will assist us in determining or substantiating your need. Please provide all documentation at time of submittal of application. Additional information may be requested as determined by the committee. These documents will not be returned.

Explanation:

Explanation continued:

Total Gift Card Amount Requested (Not to exceed \$350 value): \$ _____

Note to Applicant: CFCE recognizes that difficult and unexpected circumstances arise, creating hardships for our members. Asking for assistance is a humbling challenge and we commend you for reaching out for help. As there are limited funds available, we regret that we may not be able to assist all who apply as we are tasked with the difficult process of determining the greatest need among applicants. Please review the additional materials provided for additional sources of assistance. Please keep us informed as your situation changes.

ID #: For Office Use Only **ID #:** _____