

This fund provides limited financial assistance when you're unable to meet immediate, essential expenses because of a temporary hardship related to an emergency situation. Funds granted to you are counted as income and subject to federal taxes.

The university's Staff Emergency Fund (SEF) is possible because of the support of university employees and the efforts of UT Cares and Staff Council.

Eligibility

You must:

- be an active, non-faculty, university staff member
- have full-time continuous employment as non-faculty university staff for at least a year prior to the date you apply
- not have received a SEF grant within the past two years
- have considered other possible resources which were not available or are not sufficient to meet the need
- have a temporary financial hardship because of an emergency situation

A temporary financial hardship is one caused by a defined, time-limited, specific event* such as:

- death of a family member
- a fire
- serious illness
- critical injury

"Temporary" means that you were able to manage your finances before but are now several hundred dollars in debt and, with these funds, could regain your financial stability within a couple of months. If you have longer-standing financial problems you would not meet the temporary hardship requirement and would not be eligible.

**Given the limited amount of funds, all requests can't be approved even though there may be a clear need for assistance. This fund may be insufficient in the case of widespread disasters, community crises, or war/terrorism.*

How to Apply

1. Fill out and submit (using Internet Explorer or Acrobat Reader) or print this form. Be sure to sign and date the printed form to verify that the information is valid and accurate. All applications are treated as confidential.
2. Attach a copy of your most recent earnings statement and copies of all bills related to the hardship. Other documentation may be requested during the application process.
3. Submit online or fax, mail, or campus mail your completed application to Work/Life Services (address on form).
4. You may be contacted by a staff counselor to review the application and to discuss other resources or services.
5. You will be notified by Human Resource Services Administration of approval or denial within 10 business days after the application is received. You can't receive this information by phone.
6. If your application is approved, the check will be sent to the address you specify.

Note: If your application is found to contain misleading or inaccurate information it will be considered invalid and won't be forwarded to the selection committee.

Disclosure of your Social Security number (SSN) may be requested from you in order for The University of Texas at Austin to process payment of a Staff Emergency Fund grant. Internal Revenue Service regulations require that the grant be reported as income. Failure to provide your SSN may result in inability to release the funds. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

All personally identifying information will be removed before the application is forwarded to the selection committee. Completed application materials will be retained in the EAP office.

Submit this completed application, **plus the following documentation:**

- Copy of most recent payroll earnings statement, showing pay period, income, and deductions.
- Copies of bills related to the emergency that resulted in the financial hardship.

Return completed form to:

U.S. Mail Employee Assistance Program, The University of Texas at Austin, 1616 Guadalupe St. STOP A9200, Room 2.304 Austin, Texas 78701

Campus mail code A9200

Fax 512-475-8558

Name UT EID Date of birth

Department Length of university service

Home street address

City Zip code Phone Alternate phone

Is it OK to leave a phone message? ☐ Yes ☐ No

Mailing address for SEF check if different from above

If applicant is not completing this form

Name Relationship Phone

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents that I provide are valid and accurate. I understand that money received from the Staff Emergency Fund is taxable income. I will apply all money received from the Staff Emergency Fund toward debts related to the hardship. I understand that my application will **not** be considered for financial assistance if it is found to contain misleading information. If I am awarded these Emergency Funds, I hereby give permission to The University of Texas at Austin to provide my social security number to the University of Texas Foundation for tax reporting purposes.

Employee signature Date

Office use only

Date received Application number ☐ Verified Reviewed by

Household information

Your current legal status: ☐ Single ☐ Married (includes common law)

Your living situation: ☐ Own/purchasing home ☐ Renting

List all individuals who reside in your household and how much they pay toward household expenses.
Attach an extra sheet if needed. **Do not include your name** on the extra sheets.

Relationship (i.e. spouse, grandson, roommate, etc) — do not include name	Amount contributed to household expenses	
Relationship	Age	Contribution
Relationship	Age	Contribution
Relationship	Age	Contribution
Relationship	Age	Contribution
Relationship	Age	Contribution
Relationship	Age	Contribution

Employment information — check all that apply

- ☐ Currently employed by the University of Texas at Austin as a staff member (non-faculty)
- ☐ Currently employed full time
- ☐ Have received a Staff Emergency Fund grant within the past two years
- ☐ Currently on unpaid leave
- ☐ Currently covered under Family and Medical Leave (FMLA)

Details of Temporary Hardship

Please give DETAILED answers to the following questions on as many separate sheets as needed. Identify items by number. An EAP counselor may contact you for more information, including documentation.

1. Provide a description of the financial hardship and expenses related to it.

Employee Assistance Program

2. What is the expected length of hardship? If you have missed time from work related to the hardship, please give dates. If currently on leave, what is the expected date of your return to work? Are you currently on Family and Medical Leave (FMLA)?

3. Have you applied for Sick Leave Pool?

4. What other agencies or organizations have you applied to for assistance? Have you received any financial help to date?

5. What settlements or reimbursements from any source have you received or expect to receive to help with your emergency?

6. Do you have an insurance policy that covers these circumstances and if so, what is the deductible?

7. What is your most urgent bill?

8. Did monthly expenses exceed monthly income before the emergency situation?

9. Have you arranged payment plans for your overdue bills with creditors? If so, what are the plans?

10. Are you currently under a bankruptcy agreement or in the process of filing?

11. How much money are you requesting? Please list a specific amount (maximum of \$1,000.00)

12. How did you arrive at your total requested amount listed above?

Employee Assistance Program

Financial Information — Submit a copy of your **most recent payroll earnings statement** with the completed application.

Monthly income after taxes

Employee income <i>Take-home pay from the university</i>	Spouse/secondary income <i>Take-home</i>	Other payment received <i>Child support, disability, etc.</i>	TOTAL
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Living expenses

Usual monthly expenses	Estimated total monthly payment	Amount currently overdue	Total due
House/Rent (incl. home insurance, taxes, etc.)			
Utilities (water, gas, phones, etc.)			
Automotive expenses (loan, insurance, gas, etc.)			
Credit card(s)			
Food & household necessities			
Child/elder care			
Educational (current tuition, school loans, etc.)			
Other loans			
Other monthly expenses (explain)			
TOTAL			

Medical expenses — (Do not list charges covered by insurance. Provide details on separate sheet.) Attach **copies of bills** related to the emergency that resulted in the financial hardship.

Usual monthly expenses	Estimated total monthly payment	Amount currently overdue	Total due
Doctors			
Hospital			
Medication			
Other (explain)			
TOTAL			

Financial Information (continued)

Assets (financial resources)

Type of asset	Estimated current dollar value
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Checking account(s)

Savings account(s)

Other account(s) or savings bonds
other than retirement accounts

Investment accounts
other than retirement accounts

Vehicles
include year, make, and model

Government assistance (explain)

Other (explain)