

**CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION  
Humanitarian Assistance Application**

Reference: CSEA Policy 1010

(Please Type or Print)

<b>A P P L I C A N T</b>	APPLICANT'S NAME (LAST, FIRST, M.I.)		
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
	HOME TELEPHONE	OFFICE TELEPHONE	CSEA ID #
	CHAPTER NAME AND NO.	EMAIL ADDRESS	

Have you ever received assistance under this fund?  YES  NO

NOTE: If you marked yes, you are ineligible as policy limits assistance to one grant per applicant.

I acknowledge that I have read and understand Policy 1010.3.02(b) that states: The financial crisis has to be beyond the control of the applicant. Lack of summer employment does not constitute eligibility for assistance.

**EMPLOYMENT INFORMATION**

Are you employed?  YES  NO Job Title \_\_\_\_\_

No. of months you work?  9  10  11  12 Number of Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_

Has your work schedule been reduced?  YES  NO If so, please explain how it's been affected; if no, please provide extenuating circumstances on why you are requesting assistance (for example, if you are normally 9 or 10 months, the Committee needs to know what's different this year to cause you to request assistance.) *Please note that while your employment status may assist the committee in their decision, layoff or reduction in hours alone does not normally meet the criteria for assistance under this policy.*

Member's Monthly Net Income: \$ \_\_\_\_\_ Has the income been impacted? If so, explain:

Other Household Income: \$ \_\_\_\_\_

**DOCUMENTATION REQUIRED**

Attach past due bills you are requesting payment for. Attach supporting documents for your circumstances such as pay stubs, funeral bills, doctor's notes, police reports, etc.

**EXPLANATION OF CIRCUMSTANCE**

*Please be as thorough as possible in explaining the circumstances which place you in financial hardship. Include any back up documents to support your current situation (such as police/fire reports, pay stubs, etc.)\*\**

**Note:** Applicant must provide copies of past due bills listed below. Policy requires funds are paid directly to an appropriate vendor, and not the member.

**CHECKS PAYABLE TO:**

Company: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account No. \_\_\_\_\_

(INCLUDE COPY OF LAST BILL/STATEMENT\*\*)

**CHECKS PAYABLE TO:**

Company: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account No. \_\_\_\_\_

(INCLUDE COPY OF LAST BILL/STATEMENT\*\*)

**CHECKS PAYABLE TO:**

Company: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Account No. \_\_\_\_\_

(INCLUDE COPY OF LAST BILL/STATEMENT\*\*)

**MISC. INFORMATION**

Does your local chapter know of your situation (your answer will not affect whether or not you receive assistance)  YES  NO

Do we have permission to contact your local chapter leadership for further possible assistance?  YES  NO

**DEPENDENT INFORMATION**

Do you have dependent children in the home under the age of 18?  YES  NO

If yes, please indicate number of children and ages: \_\_\_\_\_

**\*\*NOTE: SUPPORTING DOCUMENTATION MUST BE INCLUDED OR THE COMMITTEE WILL NOT BE ABLE TO VERIFY THE VALIDITY OF YOUR REQUEST.**

I certify under penalty of perjury that the information furnished in this application is true and correct. I understand that any misstatement or falsification may result in my disqualification. I also understand that CSEA reserves the right to disclose disbursement of funds and list all recipients in accordance with its budgetary responsibilities.

APPLICANT'S SIGNATURE

DATE

**RETURN TO: CSEA, Attn: Humanitarian Fund Program, 2045 Lundy Ave., San Jose, CA 95131**

**OR Fax to: (408) 432-6249 OR Email to [humanitarian@csea.com](mailto:humanitarian@csea.com)**

**FORM MUST BE SUBMITTED WITH IN 30 DAYS OF THE FINANCIAL CRISIS**

**FOR OFFICE USE ONLY**

Application Approved?  YES  NO Date \_\_\_\_\_

Eligible for STJ?  YES  NO If yes, added to STJ list?  YES Date added: \_\_\_\_\_