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The Emory University Hardship Fund provides assistance to staff and faculty members who are experiencing a financial hardship.

**About the University Hardship Fund**

The Hardship Fund is supported entirely by voluntary donations from Emory University faculty and staff, as well as other entities who elect to assist Emory employees facing unexpected financial challenges. Emory Hardship Fund Coordinators administer this program in compliance with federal guidelines.

The Hardship Fund is comprised of two Tier levels:

**Tier 1** was established to provide financial support to Emory faculty and staff who are experiencing a financial hardship due to a ***Catastrophic Event***.

**Tier 2** was established to provide financial support to Emory faculty and staff who are experiencing a financial hardship due to a ***Temporary Emergency***, or do not meet ALL criteria to receive funding from Tier 1.

**Eligibility**

Employees are eligible to receive an award from the Tier 1 or Tier 2 Fund if the following requirements are met:

1. Be a regular faculty or staff member of Emory University;
2. Work at least 20 hours per week;
3. Have a minimum of one ***continuous*** year of service; and
4. Have not received any disciplinary actions that resulted from violating Emory Standards of Conduct policy within the past twelve (12) months.

**How to Apply**

Submit application to: hardship.fund@emory.edu; or via Fax to: 404-712-1470

**Important Information**:

* If an eligible employee is incapable of applying for the Fund, an immediate family member may apply on behalf of the employee.
* When applicable, Emory University Hardship Fund Coordinators will provide resources and other options that may be available to ineligible applicants. These resources may include internal and external agencies and/or groups.

**Emory University Hardship Fund Application**

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| **APPLICANT INFORMATION** |
| **Name** | **Employee ID** |
| **Street Address** | **Years of Employment** |
| **Cell Phone** | **Home Phone** | **Office Phone** |
| **Email Address** | **Department** |
| **APPLICANT REQUEST** |
| I am an Emory University employee who has experienced a catastrophic event (Tier 1) or temporary emergency (Tier 2) and would like to request the following financial assistance from the Emory University Hardship Fund. □ **Tier 1 – Catastrophic Event: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**□ **Tier 2 – Temporary Emergency: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **REASON FOR HARDSHIP** (please check the applicable box below and provide a written description on page 2) |
| **Tier 1 – Catastrophic Event**□ Death in the family□ Unusual medical expenses**\*** caused by severe illness or  accident□ Uninsured losses caused by fire, crime, flood or  disasters□ Unusual expense for the care and training of a  handicapped dependent; or□ Unsupportable indebtedness occurring for reasons  beyond the individual’s control such as pandemic, loss of income, medical condition**\***, caregiving needs, involuntary job loss, etc.  | **Tier 2 – Temporary Emergency**□ Unexpected car repairs or out-of-pocket medical  expenses**\*** □ Housing (security deposits or unexpected relocation/ displacement)□ Funeral expenses or travel expenses related to death  or terminal illness of an immediate family member□ High insurance deductibles for transportation and  Housing; or □ Other |
| **\***Medical expenses may be considered when non-payment of expenditures prohibits the receipt of further treatment **OR** when paid medical  expenses have affected basic living necessities.  |
| **SIGNATURE / ACKNOWLEDGEMENT** |
| I have read and understand the provisions of the Emory University Hardship Fund Guidelines. I understand that completion of this form is not a guarantee of approval. I hereby authorize the appropriate individuals to review my personnel records to determine eligibility. I understand if I falsify or submit fraudulent information, I will be required to repay the amount awarded, and it will be grounds for termination. I understand an employee may receive a maximum of one award per rolling twelve-month period. I understand that applications without supporting documentation will not be considered**.**Submit application by Email to hardship.fund@emory.edu; or via Fax to: 404‐712‐1470. **Applicant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Hardship Fund Application – Continued** |
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| **DESCRIPTION** |
| Please provide a full and detailed explanation of your Catastrophic Event **or** Temporary Emergency. In addition, clearly state the root cause of your financial hardship and reference ALL supporting documentation that you are submitting. You may attach additional pages if needed. |

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| **Hardship Fund Application – Continued** |

Submitting the required documentation at the time of application is ***critical*** to the Hardship Fund review process. Examples of required documentation for each Tier Level is provided in the following charts. The lists are not all-inclusive as other documentation may be requested.

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| **Catastrophic Event – Tier 1** | **Examples of Supporting Documentation** |
| **Death** | * Certified Death Certificate
* Itemized Funeral Expenses/Obituary
* Travel Expense Receipt(s)
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| **Insupportable Indebtedness** | * Court Document (i.e. certified divorce decree…)
* Foreclosure or Eviction Notice
* Past Due Bills (i.e. utility, homeowner, tenant and/or automobile insurance, sanitation/waste disposal, property tax, disability/medical premiums billed during leave of absence…)
* Primary Telephone Statement
* Rental or Lease Agreement
* Separation Notice and/or Severance Agreement
* Utility Disconnect Notice
* Vehicle Insurance Statement
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| **Unusual Expenses for Care/Training****of Handicapped Dependent** | * Caregiver Expenditures (i.e. home nurse, medical equipment and/or supplies…)
* Home Mobility and Safety Upgrade Receipts due to Dependent Medical Condition (i.e. stair lift, wheelchair ramp, handrail, hoist…)
 |
| **Uninsured Losses** | * Homeowner/Tenant Insurance Claim/Denial
* Lodging Receipt (i.e. due to evacuation)
* Moving Expense Receipts
* Police and/or Fire Report
* Proof of Residence (i.e. utility bill, driver’s license, pay advice)
* Repair Estimate and/or Inspection Report
 |
| **Unusual Medical Expenses\*** | * Certification of Medical Condition
* Collection Notice from Medical Provider
* Explanation of Benefits (EOB)
* FMLA Certification
* Medical and/or Rx Past Due Bills
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\*Medical expenses may be considered when non-payment of expenditures prohibits the receipt of treatment; **OR**

 when paid medical expenses have affected basic living necessities.

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| **Hardship Fund Application – Continued** |

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| **Temporary Emergency – Tier 2** | **Examples of Supporting Documentation** |
| Funeral Expenses Related to Death **or**Terminal Illness of Family Member | * Certified Death Certificate
* Itemized Funeral Expenses/Obituary
* Travel Expense Receipt(s)
 |
| Insupportable Indebtedness | * Court Document (i.e. certified divorce decree…)
* Estimate of Car Repair
* Foreclosure or Eviction Notice
* Past Due Bills (i.e. utility, homeowner, tenant and/or automobile insurance, sanitation/waste disposal, property tax, disability/medical premiums billed during leave of absence…)
* Primary Telephone Statement
* Rental or Lease Agreement
* Security and/or Utility Confirmation
* Separation Notice and/or Severance Agreement
* Utility Disconnect Notice
* Vehicle Insurance Statement
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| Unusual Expenses for Care/Trainingof Handicapped Dependent | * Caregiver Expenditures (i.e. home nurse, medical equipment and/or supplies…)
* Home Mobility and Safety Upgrade Receipts due to Dependent Medical Condition (i.e. stair lift, wheelchair ramp, handrail, hoist…)
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| Uninsured Losses | * Homeowner/Tenant Insurance Claim/Denial
* Lodging Receipt (i.e. due to evacuation)
* Moving Expense Receipts
* Police and/or Fire Report
* Proof of Residence (i.e. utility bill, driver’s license, pay advice)
* Repair Estimate and/or Inspection Report
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* Collection Notice from Medical Provider
* Explanation of Benefits (EOB)
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* Medical and/or Rx Past Due Bills
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