

Coast Federation of Classified Employees AFT local 4794

Hardship Fund

Confidential Application for Assistance

Eligibility Guidelines for the Hardship Fund:						
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. 						
me		Position/Worksit	e			
ss	City	State	Zip _			
ail Address				_(please print)		
Phone #	Work Phone #					
e that the informatio	on herein provide	d is true and corr	ect to th	ne best of my		
		Date				
	Must be a Member Have suffered an has caused tem shortfall (e.g., na illness or injury). Are unable to mee me	Must be a Member in good in good Have suffered an EMERGENCY or has caused temporary, sudden shortfall (e.g., natural disaster, i illness or injury). Are unable to meet immediate, esse me	Must be a Member in good in good standing with the Have suffered an EMERGENCY or CATASTROPHIC has caused temporary, sudden and non-recurshortfall (e.g., natural disaster, immediate family illness or injury). Are unable to meet immediate, essential expenses. Position/Worksit CityState	Must be a Member in good in good standing with the Union. Have suffered an EMERGENCY or CATASTROPHIC situation has caused temporary, sudden and non-recurring fit shortfall (e.g., natural disaster, immediate family crisis, illness or injury). Are unable to meet immediate, essential expenses. The position/Worksite		

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.

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 #:

CFCE Hardship Fund Application Rev. 04/16/2021