



The Emory University Hardship Fund provides assistance to staff and faculty members who are experiencing a financial hardship that is affecting their basic living necessities.

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. They were established to provide financial support to Emory faculty and staff who experiencing financial hardship due to a **Tier 1: Catastrophic Event** or **Tier 2: Temporary Emergency**.

Employees **must** be able to show all 3 types of documentation for an application to be complete:

1. Evidence of catastrophic or temporary event
2. Evidence of the financial Hardship
3. Evidence of how this is affecting basic living necessities (e.g. currently past due bills)

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

If you are unable to submit through email or fax please call the Hardship Fund for further instruction: 404-727-7613 or email hardship.fund@emory.edu .

Important Information:

- Applications without supporting documentation will not be considered. Supporting documentation must include (but more could be required): 2 months of bank statements, current documentation of emergency, currently past due bills, financial hardship, household budget, and household income.
- 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.
- Definition of Basic Living Necessities examples: housing, utilities, transportation, childcare
*see definition at bottom of application

Emory University Hardship Fund Application

APPLICANT INFORMATION		
Name	Employee ID	
Street Address		Years of Employment
Cell Phone	Home Phone	Office Phone
Email Address		Department

APPLICANT REQUEST
<p>I am an Emory University employee who has experienced a catastrophic event (Tier 1) or temporary emergency (Tier 2). This emergency is affecting my ability to pay my basic living necessities. I would like to request the following financial assistance from the Emory University Hardship Fund.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Tier 1 – Catastrophic Event: \$ _____ <input type="checkbox"/> Tier 2 – Temporary Emergency: \$ _____ </p>

REASON FOR HARDSHIP <small>(please check the applicable box below and provide a written description on page 2)</small>	
<p style="text-align: center;"><u>Tier 1 – Catastrophic Event</u></p> <p><input type="checkbox"/> Death in the family</p> <p><input type="checkbox"/> Unusual medical expenses* caused by severe illness or accident</p> <p><input type="checkbox"/> Uninsured losses caused by fire, crime, flood or disasters</p> <p><input type="checkbox"/> Unusual expense for the care and training of a handicapped dependent; or</p> <p><input type="checkbox"/> Unsupportable indebtedness occurring for reasons beyond the individual's control such as loss of income, medical condition*, caregiving needs, involuntary job loss, etc.</p>	<p style="text-align: center;"><u>Tier 2 – Temporary Emergency</u></p> <p><input type="checkbox"/> Unexpected car repairs or out-of-pocket medical expenses*</p> <p><input type="checkbox"/> Housing (security deposits or unexpected relocation/displacement)</p> <p><input type="checkbox"/> Death in the family or travel expenses related to death or terminal illness of an immediate family member</p> <p><input type="checkbox"/> High insurance deductibles for transportation and Housing; or</p> <p><input type="checkbox"/> Other</p>
<p><small>*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.</small></p>	

Initial/SIGNATURE / ACKNOWLEDGEMENT
<p><input type="checkbox"/> ___ 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.</p> <p><input type="checkbox"/> ___ 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.</p> <p><input type="checkbox"/> ___ I do hereby attest that this financial information provided is true, accurate and complete to the best of my knowledge. I attest that I have exhausted all other options for accessing funds for this emergency.</p>
<p>Submit by Email to hardship.fund@emory.edu; or via Fax to: 404-712-1470. Applications without supporting documentation will not be reviewed.</p>
<p>Applicant Signature: _____ Date: _____</p>

Hardship Fund Application – Continued

DESCRIPTION

Please provide a full and detailed explanation of your Catastrophic Event **or** Temporary Emergency. Please include how this emergency is affecting your basic living necessities/expenses. 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. **Required documents include: two months of bank statements, current documentation of emergency, currently past due bills, household budget, and household income.**

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. The supporting documentation is in **addition** to the required documents. Required documents include: two months of bank statements, current documentation of emergency, currently past due bills, household budget, and household income.

Catastrophic Event – Tier 1	Examples of Supporting Documentation
<p style="text-align: center;">Death</p>	<ul style="list-style-type: none"> ▪ Certified Death Certificate ▪ Expenses related to death/Obituary ▪ Travel Expense Receipt(s)
<p style="text-align: center;">Insupportable Indebtedness</p>	<ul style="list-style-type: none"> ▪ 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
<p style="text-align: center;">Unusual Expenses for Care/Training of Handicapped Dependent</p>	<ul style="list-style-type: none"> ▪ 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...)
<p style="text-align: center;">Uninsured Losses</p>	<ul style="list-style-type: none"> ▪ 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
<p style="text-align: center;">Unusual Medical Expenses*</p>	<ul style="list-style-type: none"> ▪ Certification of Medical Condition ▪ Collection Notice from Medical Provider ▪ Explanation of Benefits (EOB) ▪ FMLA Certification ▪ Medical and/or Rx Past Due Bills

*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.

Hardship Fund Application – Continued

Temporary Emergency – Tier 2	Examples of Supporting Documentation
Funeral Expenses Related to Death or Terminal Illness of Family Member	<ul style="list-style-type: none"> ▪ Certified Death Certificate ▪ Expenses related to death/Obituary ▪ Travel Expense Receipt(s)
Insupportable Indebtedness	<ul style="list-style-type: none"> ▪ 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
Unusual Expenses for Care/Training of Handicapped Dependent	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 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*	<ul style="list-style-type: none"> ▪ Certification of Medical Condition ▪ Collection Notice from Medical Provider ▪ Explanation of Benefits (EOB) ▪ FMLA Certification ▪ Medical and/or Rx Past Due Bills

*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.

Basic Living Necessities Definition- bare essentials required for survival or for maintaining a certain minimum standard of living. Basic Living Necessity also refer to living expenses that are **reasonably necessary** to maintain health and well-being.

Basic Living Necessities include but are not limited to the following:

- Health
- Primary Housing (mortgage, rent, utilities...)
- Safety (alternative housing due to physical safety)
- Transportation
- Childcare

Sample House Hold Budget

People living in household	\$Amount	Additional description if needed
Wage earning Adults in household		
Rent/Mortgage		
Gas		
Electricity		
Water		
Internet		
Phone		
Car payment		
Car Insurance		
Child Care		
Groceries		
Additional necessities		
Additional necessities		
Additional necessities		
Additional necessities		
Additional necessities		
TOTAL		