

Request for Hardship Funds
From SEIU Local 083
(Maximum amount \$250.00)

Date of Request: _____ Amount requested: \$ _____ Date funds needed: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Reason for request: What will funds be used for? Please provide detailed explanation:

Initial all that apply:

I have included receipts. _____

I will provide receipts as applicable, within 30 days of funds being received. _____

This form needs to be filled out completely or may be rejected by the Hardship Funds Committee. Funds are available only to Local 083 Members and are subject to approval. Repayment of funds received by the Requester is encouraged, but not required. Completed form is to be submitted to Hardship Chair, Noah McKay at tubafast@gmail.com and copy President Chris Kulah at ckkulah@gmail.com. Please put "hardship funds application" in the Subject Line.

Requester signature

date

Signature of Hardship Fund Chair

Date

COMMITTEE ONLY

_____ Approved	_____ Declined	Amount \$ _____
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