

TITAN FACULTY/STAFF EMERGENCY FUND APPLICATION



CALIFORNIA STATE UNIVERSITY
FULLERTON

Please fill out this application completely and submit to: hr@fullerton.edu. All information provided in this application will be kept confidential to the most reasonable extent possible.

Submit this completed application, in addition to the following documentation:

- Copies of all bills related to the hardship

A copy of your most recent household earnings statement and other documentation may be requested during the application process.

Employee Name:

CWID:

Date:

Job Title:

Department:

Division:

Date of Hire:

(minimum 6 months employment required to apply. Both full time & part time employees are eligible)

Time Base:

Full Time

Part Time

EMPLOYEE EMERGENCY FUND REQUEST INFORMATION

1. Do you affirm that these expenses are not covered by other resources available to you? Yes No
(e.g. life insurance, renter's, auto or homeowner's insurance, health coverage including Medicaid, savings, community services, etc.)

2. Have you ever applied for The Employee Emergency Fund in the past? Yes No

3. What is the amount you are requesting from the Titan Emergency Fund? _____

4. Specify how you plan to use these funds:

Medical Expenses: \$ _____ Rent: \$ _____ Food: \$ _____

Utilities: \$ _____ Funeral Expenses: \$ _____

Home Repairs/Constructions: \$ _____

Other: *(please explain)* \$ _____

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FINANCIAL INFORMATION

Please complete the following to the best of your ability that we can better understand your financial need.

1. Are the funds you are requesting for: Yourself A family member A combination

2. Is there anyone else that contributes to your household income (spouse, partner, parent, etc.) :

Yes No If Yes, amount \$ _____

3. Is your CSUF job your only source of income? Yes No

If not, please detail other sources and income as follows:

1. Other employment/ 2nd job: (estimate monthly income): \$ _____

2. Child support or community aid: \$ _____

3. Any other members of same household with income: \$ _____

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CURRENT SITUATION

Please describe in detail the nature of your emergency and your current plan to address the situation. Every effort will be made to keep the following information confidential and such information will not be used for any purpose other than in conjunction with this application for The Titan Faculty and Staff Emergency Fund. However, please note that the disclosure of any personal/health related information is voluntary and thereby waives any protected right to privacy therein. *(Attach additional pages, if needed.)*

ACKNOWLEDGMENT

I represent and acknowledge that the above information is true and accurate to the best of my knowledge and has been provided in conjunction with my application for The Employee Emergency Fund Grant. I understand The Employee Emergency Fund Policies and I also understand that the allocation of funds is determined by priority of the situation, the availability of funds and the sole discretion of The Titan Faculty and Staff Emergency Fund Committee.

Applicant Signature:

My signature above indicates that I have completed this application truthfully

Date: