**EMERGENCY ASSISTANCE FOR SEATTLE EMPLOYEES (EASE)**

**Application for Financial Assistance**

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| --- | --- | --- | --- | --- |
| Date: |  | Name: |  | City ID: |

**INSTRUCTIONS**

* Eligibility: Applicant must be a current regular City employee (not temporary or probationary).
* Only *complete* applications will be considered. EASE requires:
* documentation regarding the emergency event
* documentation regarding financial need
* EASE does not fund:
  + stand-alone utility bills (phone, internet/cable, power, heat, water)
  + on-going financial difficulties which are not the result of an emergency event
  + legal fees or financial obligations resulting from legal proceedings
  + motor vehicle expenses
  + home repair / housewares
  + funeral expenses
  + Application Deadline: 15th of each month
  + Lifetime maximum per employee: $3000
  + Mail completed and *signed* applications to Mailstop CH-01-50 or to: EASE

800 Fifth Avenue, Suite 101-227

Seattle, WA 98104-3102

**EMERGENCY EVENT**

**Describe the unforeseen and sudden incident that occurred.** Attach documentation (medical certification, police report, newspaper clipping, death certificate, leave paperwork, etc).

**STATEMENT OF FINANCIAL NEED**

**What steps have been taken to address this financial hardship?** Attach documentation (payment plan agreements, mortgage modifications, financial grants received from other charities, personal loans, etc).

**STATEMENT OF FINANCIAL NEED - CONTINUED**

**Indicate type of financial need.** Awards are paid directly to billing agents. Documentation should include where payment is to be sent and to whom checks should be made payable.

Medical - Attach bills.

Shelter - Attach eviction notice, rent agreement, notice of mortgage modification, etc.

Other - Please describe:       .

**Itemize expenses for which you are requesting assistance.** Total Amount Requested:

**EMPLOYEE INFORMATION**

Employee Name       Department

Street address       City/State/Zip

Contact phone       Email address

If application is on behalf of an employee (because the employee is incapacitated or passed away) please provide the following contact information:

Name of Requestor       Relationship to employee

Street address       City/State/Zip

Contact phone       Email address

**CERTIFICATION**

I hereby certify that the information provided in/with this EASE Financial Assistance Request is correct.

I understand that any deliberate misrepresentation or withholding of facts will be considered fraudulent and will be grounds for disqualification. I understand that I will repay any funds received if it is discovered that award money was not used for the purpose(s) agreed upon.

I understand that an EASE representative may contact debtors regarding this application.

I understand that this request for assistance does not guarantee approval of an award in any amount.

I understand that award decisions are final and cannot be appealed.

     

Name of Requestor (print) Signature (**required**) Date