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| **Legacy Employee Emergency Assistance Fund Application**  **Before completing this application, please read the Frequently Asked Questions for eligibility details. Limit one application per household. Email your completed application (and any supporting documentation as indicated below) to** [leaf@legacycommunityhealth.org](mailto:leaf@legacycommunityhealth.org). |
| **APPLICATION INFORMATION** |
| **Full Name:** |
| **Employee ID (SimplyWork #):** |
| **Legacy Work Location:** |
| **Date of Loss:** |
| **Home Address:** |
| **City, State, Zip:** |
| **Email:** |
| **Phone Number:** |
| **Are any other Legacy employees living in your household? Yes No**  **If yes, please list their name(s) and employee ID number(s):** |
| **If you are approved for a grant, a check will be sent to you. Please indicate where you would like the check mailed. You may also use your work location.**  **Enter Mailing address here**  **\*\*Grant awards will be mailed as a separate check. Funds from cashed-in PTO hours in will be included in your regular paycheck.** |
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| **PTO CASH-IN OPTION** |
| **I want to cash in** \_\_\_\_ **hours of my remaining PTO balance.**  **I do not want to cash in any PTO hours.** |

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| **STATEMENT OF LOSS** |
| **Did you have to obtain temporary housing because your primary home or primary residence is uninhabitable? Yes No** |
| **Describe your property loss and the circumstances that led to your loss.**  **Please limit your response to 200 words or less.** |
| **If approved, how will the grant be spent? Please include an estimate of the cost of any temporary shelter, food or other basic needs required as a result of this loss.**  **Please limit your response to 200 words or less.** |
| **Please provide any additional information or comments that would be helpful in reviewing this grant application. Attach supporting documentation as listed below or photos when submitting this completed form to** [**leaf@legacycommunityhealth.org**](mailto:leaf@legacycommunityhealth.org)**.**  **Please limit your response to 200 words or less.** |

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| **CERTIFICATION** | | |
| **I certify that the information provided in this application is accurate and that my hardship is genuine. I understand that any intentional misrepresentation of information contained in this application will result in forfeiture of this grant and ineligibility for future grants.**  **Type your name in the box to serve as a signature certifying the information above.** | | |
|  | Your name here |  |

**SUPPORTING DOCUMENTATION REQUIRED:**

* Documents describing the financial need (i.e. eviction notice, disconnect notices, insurance claims, fire reports, applicable bills, etc.) pertaining to the emergency situation;
* A copy of the employee’s two most current bank statements from all bank accounts with all but the last four (4) digits of each account number marked out. If the employee does not have a bank account, transaction records from Legacy’s pay card are to be provided;
* Child support documents (if applicable), including any records of non-payment;
* A printed copy from Employee Self Services, of the employee’s most recent pay stub detail; and
* A printed copy, from Employee Self Services, of the employee’s most recent leave balances