



Emergency Assistance Application

Please print neatly and complete all sections

Last Name: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail : _____

Employee ID# _____ Employee SS# (last 4 digits only) _____

Employment Status: Full-Time or Part-Time Work Location: _____

The following information will be helpful in determining your potential grant.

Please explain the reason (hardship due to catastrophic loss) you have made this request in as much detail as possible (attach additional pages if needed): _____

List specific financial needs: _____

Is your situation covered by any Insurance? _____

Other Insurance (homeowners, renters, life)? _____

Other Income (partner, alimony, adult child or elder parent): _____

Please list relationship and ages of all dependents (defined as any person relying on your income): _____

Spouse: _____ Spouse Employer: _____ Years Employed _____

Please list any additional information that supports your request for assistance e.g., receipts, invoices, death certificate, any other documents showing proof of payment: _____

I, _____, represent and warrant that the statements contained herein are true, accurate, and complete to the best of my knowledge. I further represent and warrant that I have not omitted any information known to me that would materially affect the information I have disclosed or, if known by the SMEA, might affect the outcome of its decision. I understand that these statements will be presented to the Administrator of the Employee Assistance Fund and used in support of the above named Emergency Assistance Application. I also understand the Administrator may take such action as prescribed by law if any false or fraudulent statements have been used in this application process.

Signature of Applicant: _____ Date: _____

Relationship to applicant if not member: _____

For office use only:

Date enrolled in SMEA: _____ Date hired: _____ Deduction: _____

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