



IRVINE EMPLOYEE EMERGENCY FUND

APPLICATION FOR AID

(Confidential)

Date _____

| | | | |
|--|--|--|-------------------------|
| Name | | Date of Birth | |
| Address | | | |
| City, Zip | | Phone | |
| Spouse | | Date of Birth | |
| Children | | Date of Birth | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| _____ | | _____ | |
| IUSD Employment Location | | Position | Number of Years in IUSD |
| Other Current Employment: | | Address _____ | |
| Employer _____ | | _____ | |
| Health Insurance | | Income Protection Insurance | |
| Description of Problem (continue on p. 3, if necessary) | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Amount Requested | | Have you previously applied for aid from the IEEF? | |
| | | No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, date: _____ | |
| The information provided in this application is correct to the best of my knowledge. | | Your Signature _____ | |



APPROXIMATE MONTHLY BUDGET

(Confidential)

NAME _____

DATE _____

(A) EMPLOYEE'S SALARY (Gross) \$ _____

10 MONTH 12 MONTH

MONTHLY DEDUCTIONS (Itemize)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

NET: \$ _____

(B) SPOUSE'S MONTHLY INCOME

_____ \$ _____

_____ \$ _____

_____ \$ _____

NET: \$ _____

(C) OTHER MONTHLY INCOME OR SOURCES OF FUNDS

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL: \$ _____

TOTAL SECTIONS A, B, C: \$ _____

MONTHLY EXPENSES:

RENT OR HOUSE PAYMENT \$ _____

FOOD \$ _____

CAR PAYMENT \$ _____

GASOLINE \$ _____

INSURANCE \$ _____

REPAIRS \$ _____

LIFE INSURANCE \$ _____

CHILD CARE \$ _____

CLOTHING \$ _____

DOCTORS \$ _____

DRUGS \$ _____

TELEPHONE \$ _____

UTILITIES \$ _____
(gas, electricity, and water)

RECREATION \$ _____

OTHER MONTHLY PAYMENTS
(continue on p. 3, if necessary)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY EXPENSES \$ _____

The IEEF Board reserves the right to request additional information if necessary to effectively process your application (examples: Income Tax Return, Statement of Indebtedness, or Medical Explanation of Benefits Form). Thank you.



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Date _____

| | |
|--|-----------------|
| Description of Problem (continued from p. 1) | |
| | |
| Other Monthly Payments (continued from p. 1) Example: major credit card accounts, loans, etc. | Monthly Payment |
| | |
| Additional Information You Wish to Share | |
| | |

The IEEF Board has a responsibility to those who have contributed to the assistance fund to ascertain the level of need of all applicants. Please rest assured that your request is being handled respectfully and in the strictest of confidence.