

TEAM MEMBER ASSISTANCE FUND



Emergency Fund Grant Application Form Team Member Assistance Fund

*NOTE: The Team Member Assistance Fund team will maintain confidentiality with respect to all information you provide on this form. * Should you have questions about this form, or to submit, please contact TMAF@pacificbells.co*

Recipient Information

Name

Job Title (if employed at a participating employer)

Daytime Telephone

Amount of Grant Being Requested

Evening Telephone

Email Address

Home Address

Names and Ages of Dependents

Information About the Need for Assistance

What caused you to seek assistance? Please give details of any losses, injuries, or illness you or an eligible dependent (spouse, child, or other relative dependent on you) suffered along with date(s) of loss.

Do you need assistance with housing expenses? _____

Do you need assistance with medical or health care expenses? _____

Are you requesting assistance with any other expenses? If so, which expenses, and how much?

**The Internal Revenue Service requires the Team Member Assistance Fund to report certain information regarding emergency assistance grants on the Fund's annual Form 990 return, which is publicly available. This may include the type of grants the Fund provides, the amount of each grant, and a description of any non-cash assistance the Fund provides. It will not include any personal information with respect to any particular recipient.*

Emergency Fund Grant Application Form

Team Member Assistance Fund

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Financial Information

Income & Assets

What is your household monthly gross income? _____

Did your household income change as a result of the emergency? _____

List your liquid assets (e.g., bank accounts, stocks, mutual funds), and the amount of each.

Did your liquid assets change as a result of the emergency? _____

Insurance or Assistance

Is insurance and/or a government program providing reimbursement for any expenses or losses resulting from the emergency? _____

If so, to the extent you know, how much of the expenses or losses will insurance and/or the government program be reimbursing?

Expenses

What is your monthly rent or mortgage payment? _____

What are your other monthly expenses (e.g., car payment, childcare, food, utilities)?

Please include any other documents or information you would like the Team Member Assistance Fund to consider as part of your application for assistance.

Note: If you are requesting assistance to pay expenses billed by third parties, please attach a copy of all invoices, if you have them.

I acknowledge that all information provided is true and accurate to the best of my knowledge.

Signature

Date

Upon completion, please submit to TMAF@pacificbells.com

**The Internal Revenue Service requires the Employee Emergency Fund to report certain information regarding emergency assistance grants on the Fund's annual Form 990 return, which is publicly available. This may include the type of grants the Fund provides, the amount of each grant, and a description of any non-cash assistance the Fund provides. It will not include any personal information with respect to any particular recipient.*