
UA EMPLOYEE EMERGENCY FUND

The University of Arizona Employee Emergency Fund (EEF) has been established to provide another opportunity to offer support to colleagues who face an unexpected, temporary financial hardship, such as rent, utilities, or other essential expenses, as a result of sudden illness, a family crisis, or a natural disaster. Awards are contingent on adequate contributions to the fund and the other requirements set forth below.

Eligibility

All UA benefits-eligible employees who have been employed at UA for at least one year prior to the application for assistance, are eligible to apply for a one-time award from the EEF with in a 5 year period. The financial hardship must have occurred during this active, paid employment period. The hardship must be temporary and caused by a defined, time-limited, specific event. An applicant with longer-standing financial problems, though clearly in need of financial assistance, would not meet the "temporary hardship" requirement and, therefore, would not be eligible.

Due to limited funds, funding is not guaranteed. Please see below for additional community resources available:

Utility Assistance Programs:

<https://webcms.pima.gov/community/>
<https://arizonatogether.org/>

Funds Awarded

A maximum award of up to \$750 may be paid to a single employee. If an employee is awarded funds, he or she will receive payment directly from the University of Arizona Foundation. Awards are subject to state and federal income tax and will be reported to the IRS. The employee will receive a 1099 form from the UA Foundation if the award is for \$600 or more.

How to Apply for Emergency Funds

1. Complete and sign application form.
2. Attach necessary documentation showing unexpected hardship (Examples: overdue utility bill showing cut-off date, emergency house repair, unexpected medical bill. Please redact any medical condition or name of medication.)
3. Submit the original application, including any attachments, either by mail or email to:

Employee Emergency Fund
Office of Multicultural Advancement
Division of Equity, Inclusion & Title IX
MLK 315
1322 E 1st Street | Tucson, AZ 85721
oma@email.arizona.edu

CONFIDENTIAL

No information will be shared with a third party except for processing or tax reporting purposes if an award is provided.

In order to be considered, this application must be completed in full. The applicant understands that completion of this application is voluntary; however, failure to fully complete the application or to provide additional materials to the EEF Committee upon request will render the applicant ineligible for funding under this program.

Employee First Name _____ Employee Last Name _____

Home Address _____

City _____ State _____ Email Address _____

Preferred Phone Number (so we may contact you) _____

UA Employee ID _____ Date of Hire _____ Date of Benefits Eligibility _____

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I agree that any award made under this program will be used to relieve the stated financial hardship. I have attached documentation to show need, which can include a bill, invoice, or estimate. If it is an estimate, I will be required to provide proof of work being completed by the company whose name was originally used in the estimate. I understand that my application will not be considered if it contains misleading information and that I could be required to repay any monies awarded if it is determined that my application was later found to be untruthful. I understand that money received from the Employee Emergency Fund is taxable income and is a one-time award. If I am awarded emergency funds, I will provide my social security number to the University of Arizona Foundation as required for income tax reporting purposes.

Employee Signature _____ Date _____

If applicant is not completing this form:

Name of person completing this form _____

Relationship to applicant _____ Phone _____

For EEF Administrative Processing Only

Date Received: _____ Date Reviewed: _____

Benefits-eligible Non-resident Alien (Payment will be processed through the UA)

Attachments included

Date additional information requested from employee (if applicable): _____

Decision: Approved _____ Amount \$ _____

Declined: _____ If declined, reason: _____

Date Submitted to Provost: _____

Date Check Mailed: _____

*No personal-identifying information will be shared with the review committee.
Completed application materials will be retained in the Office of Multicultural Advancement*

Details of Temporary Hardship

Please give detailed answers to the following questions. **Do NOT write your name on the following pages.**

The Committee is interested in understanding how the financial hardship developed, and how the emergency funds will help you. Please provide a description of the financial hardship and attach documents explaining any related expenses that are above and beyond your normal expenses. If your financial hardship relates to a medical condition, it is not necessary to provide a detailed description of your medical condition, just how the medical condition affected your financial well-being. **Any attachment associated with a medical condition will need to be redacted by excluding condition or medication.**

What is the expected length of hardship? _____

Is your hardship a result of COVID-19? ___ Yes ___ No

What necessary items would you not be able to afford because of this hardship?

What other agencies or organizations have you applied to for assistance? Have you received any financial help to date for this situation?

Do you have an insurance policy that covers these circumstances ___ Yes ___ No

If yes, what is the deductible? _____

How much money are you requesting? Please list a specific amount: _____ (up to a maximum of \$750)

How did you arrive at your total requested amount listed above?

Additional Financial Information

Please list all individuals (**by relationship only – do NOT use any names**) who reside in your household and how much they contribute to paying household expenses.

Relationship (i.e., spouse/partner, son/daughter, grandson/granddaughter, roommate, etc.) NO NAMES NEEDED	Age	Amount contributed to paying household expenses

Total Household Monthly Expenses:

Monthly Expenditures	
Rent/Mortgage	\$
Electric	\$
Water	\$
Gas	\$
Food	\$
Telephone/Cell	\$
Transportation (Gas, bus, etc.)	\$
Other	\$
Other	\$
Other	\$
Other	\$
Total household monthly expenses	\$

Did monthly expenses exceed monthly income before the emergency situation? ___ Yes ___ No

If yes, explain.

If you are requesting funds for rent assistance, are you currently under threat of eviction? ___ Yes ___ No

Are you currently under a bankruptcy agreement or in the process of filing? ___ Yes ___ No

Thank you for submitting an application to the UA Employee Emergency Fund. Please note that completing this application does not guarantee funding. Variables include availability of funding, the nature of the crisis, and whether the other criteria set forth in this document are satisfied.