

VSEA MEMBER SUPPORT FUND APPLICATION FORM

<input type="checkbox"/> Initial Application <input type="checkbox"/> Reapplication <input type="checkbox"/> Appeal

Categories of Appropriate Use

The rules adopted for the appropriate uses for the member support account are as follows: 1. Members who are subject to a Reduction in Force (RIF) or 2. Catastrophic Situations including: Catastrophic loss (such as home destroyed by fire or flood), catastrophic illness of member (including being severely injured at work if the employee's expenses are not already covered by workers' compensation), Catastrophic Illness of a person in the immediate household of a member when such an illness would otherwise place the member in an off-payroll situation.

NAME _____	TELEPHONE _____
ADDRESS _____	LENGTH OF TIME UNEMPLOYED _____
_____	EFFECTIVE DATE OF RIF _____
NUMBER OF YEARS VSEA MEMBER _____	NUMBER IN HOUSEHOLD _____
WORKSITE/DEPARTMENT _____	NUMBER EMPLOYED _____
YEARS OF STATE SERVICE _____	HAVE YOU APPLIED BEFORE _____

HOUSEHOLD ASSETS:

Checking Account	\$ _____	Home: Rent _____	Own _____
Savings Account	\$ _____	Car(s): _____	_____ (years)
Other (IRSS, CDs, etc.)	\$ _____	RV (s): _____	_____ (specify)
Other Properties (specify)	_____		

MONTHLY HOUSEHOLD GROSS INCOME:

Unemployment Insurance	\$ _____	
Other Support	\$ _____	TOTAL MONTHLY INCOME: \$ _____
Other Household Income	\$ _____	

MONTHLY HOUSEHOLD EXPENSES:

Mortgage/Rent/Property Taxes	\$ _____	Child care	\$ _____	Insurance(s) \$ _____
Utilities	\$ _____	Child Support	\$ _____	(Car/Health/Property)
Food	\$ _____	Car Loan(s)	\$ _____	
Fuel	\$ _____	Other Loan(s)	\$ _____	(specify)
OTHER (specify)	\$ _____	OTHER (specify)	\$ _____	OTHER (specify)\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Explain, in your own words, why you are seeking financial assistance. If you have any unusual personal or financial situations which impact your employability or financial circumstances, please feel free to explain. Also explain what category of appropriate use this event falls under as outlined in the above section. (Use other side or a separate sheet if necessary)

I verify that the above information is accurate to the best of my knowledge.

SIGNATURE _____ DATE _____

COMMITTEE ACTION: Approved _____ Amount \$ _____ Denied _____

Reason(s) Denied: _____

Signature of Committee Chair _____ Date _____