UPDATE: GUIDELINES TO APPLY DUE TO CORONAVIRUS

- Applicants impacted by the coronavirus are exempt from the 6 months employment requirement.
- Applications may be made two (2) ways:
  - Applications can be submitted twice a year and are eligible for $1000 each time, OR
  - Applications can be submitted quarterly, but each request may not be eligible for a $1000 award.

- Is your request due to the coronavirus?
  - _____Yes  _____No

UPDATE: RENT/MORTGAGE ASSISTANCE
Applicants must first seek extension/deferment of payment from landlord or mortgage company. Only payments to be considered if an eviction/foreclosure notice is received and also show proof of attempts to work with landlord/lender.

UPDATE: APPLICATIONS FOR ATHLETICS STAFF
If you are an Athletics employee, please submit your request to the Athletics Office.

OTHER RESOURCES FOR ASSISTANCE
Louisville Government
Staff Senate List of Emergency Resources

Before completion of this application, please carefully read the Staff Help Assistance Relief Effort (SHARE) Program Rules and Guidelines which can be found on the Staff Senate website under the Staff Senate Resources tab.

To qualify for a SHARE award, criteria must be met:

1. Applicant must be a permanent staff member (full-time or 80% or part-time permanent employee) of the University of Louisville for a period of at least six months.
2. Applicant must meet a qualifying event such as: a loss of family income due to injury or illness; staff or family medical bills that result from a catastrophic illness or injury; death of a spouse or partner; or a natural disaster such as flooding or tornado. Additional qualifying events will be discussed and determined by the SHARE committee.
3. Funds would be provided to allow employee to improve health and or living conditions to facilitate return to work, including medical bills, utilities and or mortgage. Vehicle payments, credit card bills or other issues related to personal money management issues will not be awarded.
4. Applicants are allowed only one SHARE award within a 12-month period, no exceptions.
5. Additional criteria and guidelines must be met as outlined in the SHARE Program Rules and Guidelines handout.

Return your completed application, along with all supporting documentation, to the Staff Senate Office, MITC, Room 050, Belknap Campus, or e-mail to staffsen@louisville.edu.
Employee Name: ___________________________________________ Employee ID#: ______________

Dependent(s)' age(s): ________________________________________________

Campus Address/Department: __________________________________________

Campus Phone: ___________ Campus E-mail: ____________________________@louisville.edu

Home Address: _______________________________________________________

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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</table>

Home Phone: ___________________ Cell Phone: __________________________

How many people live in your household? ______

Are you currently in a RIF (reduction in force) status with pay at UofL? Yes ____ No____

Date of End of Pay RIF Status: ____________________

Are you currently on medical leave from UofL? Yes____ No____

Have you previously sought financial assistance from the SHARE committee? Yes____ No____

If yes, when? ______________

Please explain, in detail, your reason(s) for seeking assistance through the SHARE program. Please attach additional page(s) if necessary. It is important for the Committee to understand what has transpired or how this became an unexpected emergency.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

INCOME:
Household Monthly Income: Gross $___________________ Net: $_________________

Income Sources: __________________________________________________________________

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Rev. 4.22.2020
**Financial Analysis Checklist: (OPTIONAL)**

<table>
<thead>
<tr>
<th>Basic Maintenance</th>
<th>Estimated Mo. Amt.</th>
<th>Amt. Currently Overdue</th>
<th>Total Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Rent/Mortgage</td>
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<tr>
<td>b. Electric</td>
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<tr>
<td>c. Gas</td>
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<tr>
<td>d. Water/Sewage</td>
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<td>e. Trash</td>
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<td>f. Phone</td>
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<td></td>
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<tr>
<td>g. Cable/Internet</td>
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<tr>
<td>h. Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Transportation (work only)</td>
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<td></td>
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<td>j. Food</td>
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<td></td>
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<td>k. Child Care/Support</td>
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<td>l. Entertainment</td>
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<td>m. Educational</td>
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**INSURANCE (OTHER)**

Auto deductible: $__________________  Home deductible: $__________________

**MEDICAL EXPENSES**

Please list any medical expenses below and any amount that is past due. Attach documentation.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you received any assistance for this temporary emergency from any other organizations, including government assistance programs? Have you applied, or are planning to apply, for assistance from any other organizations, including government assistance programs?  Yes____  No____

If yes, please list the organization(s) and how they are currently helping you.

<table>
<thead>
<tr>
<th>Organization Name(s)</th>
<th>How are they assisting you?</th>
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Rev. 4.22.2020
What bill(s) or invoice(s) are you requesting be paid on your behalf by the SHARE committee? Please attach original documents to this application. Prioritize bills to be paid. **Note:** Payments are made by credit cards ONLY. Vendors not accepting credit card payments are ineligible. Fees for online or phone credit card payments will be deducted from the SHARE funds awarded.

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Account Number</th>
<th>Bill Due Date</th>
<th>Amount Due</th>
<th>Date Paid</th>
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<tbody>
<tr>
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**Total SHARE Request: $**

I, the undersigned, acknowledge that I have been provided a copy of and read the SHARE Rules and Guidelines handout. I certify that the information provided herein is true, correct and complete. I understand that it will be necessary to verify information provided within this application. I therefore give my permission for such verification to occur. Furthermore, if funds are awarded, I understand I will be required to sign a Receipt of Assistance Form, housed in the Staff Senate office.

__________________________________________________________________________________

**Applicant’s signature**

__________________________________________________________________________________

**Date**

---

**Note:** Information provided on this application is kept strictly confidential. No personal identifying information is provided to the SHARE committee.

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Staff Senate Office Use Only:

App rec’d date: 

SHARE case file no: 

Approved: Y N

Amount approved:

Date paid:

Check no(s):

Confirmation no(s): 

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