

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 to apply twice within a fiscal year (July 1-June 30). Though awards are not guaranteed, if a second award is in a previous year, a third application will be reviewed, IF it is a result of a catastrophic event (fire, flood, tornado, etc.).
- 5. Additional criteria and guidelines must be met as outlined in the SHARE Program Rules and Guidelines handout.

PLEASE NOTE: BILLS THAT ARE NOT PAST DUE WILL NOT BE CONSIDERED.

UPDATE: RENT/MORTGAGE ASSISTANCE

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

UPDATE: APPLICATIONS FOR ATHLETICS STAFF

Are you an Athletics employee? If so, please submit request to Athletics.

Employee Name:				
Employee ID#:				
How do you receive your paycheck?	O Paper check in the mail	O Direct deposit to bank account		
What was your official start date at UofL?	Month	Day	Year	
Dependent(s)' age(s):				
Campus Department/Address:				
Campus Phone:				
Campus Email:				
Home Street Address:				
City:	State:	ZIP: _		
Home Phone:	Cell Phone	::		
How many people in your household?				

Are you currently in RIF (reduction in force) status?:	O YES	O _{NO}	
Date of End of Pay if in RIF status?			
	Month	Day	Year
Are you currently on medical leave from UofL?:	O YES	O NO	
Have you previously sought financial assistance from	, the SHARE con	nmittee?: O YES	O _{NO}
If yes, when?:			
Month		Day	Year
Please explain, in detail, your reason(s) for seeking a page(s) if necessary. It is important for the Committee unexpected emergency.			
If you are requesting assistance to cover unemployme unemployment insurance has been made. Please attasection blank.			

Incomo Courcoo:			
Optional Financial Analysis (
Please provide as much inform	ation as possible, below:		
Basic Maintenance	Estimated Mo. Amount	Amount Currently Overdue	Total Due
Rent/Mortgage			-
Electric Utilities			
Water/Sewage			
Trash			
Phone			
Cable/Internet			
Car Payment			
Car Insurance			
Child Care			
Entertainment			
Educational			
INSURANCE (OTHER)			
Auto deductible: \$		Home deductible: \$	
		nce programs available for patients. The must utilize those resources and show	
		s past due. Documents may be require this does not apply to you, please ent	

Income and Expenses

Have you received any as	sistance for this temporar	y emergency from any		
other organizations, including government assistance programs?			YES	O NO
Have you applied, or are p	planning to apply, for assis	stance from any other		
organizations, including go	overnment assistance pro	grams?:	YES	O NO
If yes, please list the organ	nization(s) and how they a	are currently helping you		
Organization Name(s)		How are they assisting you?		
What bill(s) or invoice(s) a will not be considered. Ple following:				PBills that are not past due Please provide the
Vendor Name	Account #	Invoice Date	Amount Du	ue Date Paid
Total SHARE Requested	: \$			
I certify that the informatio information provided within	n provided herein is true, n this application. I therefo	correct and complete. I upre give my permission for	understand that it wor such verification	
Applicant's Signature		 Date		