

Are you currently in RIF (reduction in force) status?: YES NO

Date of End of Pay if in RIF status? _____
Month Day Year

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?: _____
Month Day Year

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.

If you are requesting assistance to cover unemployment payments, you must provide proof that your request for unemployment insurance has been made. Please attach documentation. If this does not pertain to you, please leave this section blank.

Return your completed application, along with all supporting documentation, to:
Staff Senate Office, 105 Grawemeyer Hall, Belknap Campus
e-mail to staffsen@louisville.edu or Phone: 502-852-6713.

Income and Expenses

Income Sources: _____

Optional Financial Analysis Checklist

Please provide as much information 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: \$ _____

MEDICAL EXPENSES

Most healthcare providers and hospitals have financial assistance programs available for patients. That information may be contained on your billing statement or on their website. You must utilize those resources and show documentation of such.

Please list any medical expenses below and any amount that is past due. Documents may be required and requested separately. Bills that are not past due will not be considered. If this does not apply to you, please enter NA.

Have you received any assistance for this temporary emergency from any other organizations, including government assistance programs?

YES NO

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.

Organization Name(s)

How are they assisting you?

_____	_____
_____	_____
_____	_____
_____	_____

What bill(s) or invoice(s) are you requesting be paid on your behalf by the SHARE Committee? Bills that are not past due will not be considered. Please provide documents to this application. Prioritize bills to be paid. Please provide the following:

Vendor Name	Account #	Invoice Date	Amount Due	Date Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total SHARE Requested: \$ _____

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