



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.
UPDATE: Applicants impacted by the COVID-19 virus, do not have to meet the 6 months employment requirement.
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.

OTHER RESOURCES FOR ASSISTANCE

<https://louisvilleky.gov/government/city/one-louisville-covid-19-response-fund>

<https://louisville.edu/staffsenate/emergency-resources>

APPLICATION – Please complete the information below.

Employee Name: _____

Employee ID#: _____

How do you receive your paycheck? Paper check in the mail 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?: 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.

Income and Expenses

Monthly Income Gross: \$ _____ Net: \$ _____

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?

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