

Please complete thoroughly and attach all supporting documentation, i.e., copies of bills related to hardship. Additional documentation may be requested during the review process.

Employee Name:		Employee ID:	
Department:			
Mailing Address:	City:	State	ZIP/Postal Code
San José State Email Address:		Alternate Phone Number:	

CAUSE OF TEMPORARY EMERGENCY

Death of an immediate family member
 Disaster (fire/flood/earthquake/COVID-19, or other Qualified Disasters per IRS Code Section 139)
 Serious illness or critical injury
 Other: _____

REASON FOR REQUEST - CHECK ALL THAT APPLY

Emergency temporary housing assistance/rent/utilities
 Home repairs
 Unexpected medical expenses not covered by insurance
 Unplanned critical travel and transportation costs
 Temporary assistance with food insecurity
 Emergency personal or "incidental" expenses, such as clothing, hygiene items, etc.
 Unplanned or additional child and/or adult care expenses
 Funeral expenses
 Other: _____

FINANCIAL INFORMATION

Does anyone else contribute to your household income (spouse, partner, parent, etc.)?
 Yes If Yes, state the amount: No

Is your SJSU job your only source of income? Yes No (If No, list other sources with income amount)
 Child Support Community Aid Other Employment

Describe your TEMPORARY EMERGENCY in detail. How did the "Cause of the Temporary Emergency" create a financial hardship? When did it occur?

Amount Requested: \$ (MAX: \$1,000; Must provide documentation to justify amount requested)

CERTIFICATION	
<p>I certify that the information provided in this application and supporting documents is accurate, my financial hardship is genuine, and that I have not previously been reimbursed for claimed expenses. I understand any money received is a one-time award and may be required to be reported as taxable income. I will apply all money received toward debts related to my temporary emergency. I certify that I have read the SFEF guidelines and understand information from my application and supporting documents will be reviewed by the SFEF Committee for consideration. I understand completion of this application does not guarantee funding and that if needed, I will address any concerns or questions related to my request. Furthermore, I understand that all decisions rendered by the SFEF Committee are final.</p>	
Employee Signature	Date

Submit application and copies of supporting documents to:

UNIVERSITY PERSONNEL

staff-fac-emerg-fund@sjsu.edu