



GUIDELINES ESTABLISHED BY THE BOARD OF DIRECTORS OF THE CITY OF WICHITA EMPLOYEE EMERGENCY ASSISTANCE FUND FOR HANDLING OF EMPLOYEE ASSISTANCE APPLICATIONS.

1. An active employee may receive assistance up to and including \$2,000.00 in a twelve-month period.

The definition of an active City employee as defined by Human Resources will be used.

2. An employee may receive assistance due only to circumstances beyond his/her control (such as natural disasters, death/major illness of employees "immediate" family [as defined in the Human Resources Manual]), or potential violent and/or life threatening situations.
3. An employee must:
 - a. Show demonstrated need for assistance
 - b. Fill out an application accurately and completely. (Incomplete applications may be returned)
 - c. Attach employee's current paycheck stubs.
 - d. Show a good faith effort in providing all background information regarding the situation.
 - e. Have inquired into other means of obtaining applicable financial assistance (loans, readjusting current payment schedules, other social service agencies, etc.)
 - f. Provide copies of current bills for which you are asking assistance.
4. An employee may not receive assistance for payment of minor bills unless payment of such bills is necessary for his/her continued employment with the City of Wichita. Proper documentation of possibility of employment being terminated must be submitted, from department director and/or supervisor. This does not include natural disasters, death/major illness.
5. No payment of past due amounts incurred before "incident/emergency" or employment date will be granted.
6. All applicants must be willing to be interviewed and the case reviewed by any member of the Board of Directors. Applicant must be willing to be interviewed by Consumer Credit Counseling, if the Board of Directors advises.
7. Signing this application gives the EAAF Board authorization to view payroll records pertaining to applicant.
8. Confidentiality will be maintained at all times.
9. The EAAF Board meets the first and third Wednesday of every month. There will not be any Emergency meetings between regular meeting dates, unless the emergency is due to medical, death or natural disaster.

Please Print or Type
(Do not use Pencil)

Case # _____

**PART 1
INFORMATION RELATED TO REQUEST**

1. Amount Requested from the Assistance Fund: \$ _____

2. Date funds are needed: _____

3. Purpose: _____

**PART 2
APPLICANT INFORMATION**

APPLICANT		SPOUSE	
NAME (Last -First-Initial)		NAME (Last -First-Initial)	
ADDRESS (Street-City-State-Zip)		ADDRESS (Street-City-State-Zip)	
Last 4 digits of SSN	Home Telephone	Last 4 digits of SSN	Home Telephone
Number of Dependents Living at Home – Ages and Relationship to Applicant			

1. Is anyone living in the household in addition to those listed above? _____ Yes _____ No

Name _____ Relationship to Applicant _____

Name _____ Relationship to Applicant _____

2. Accrued Sick Leave _____

3. Accrued Vacation Leave _____

**PART 3
EMPLOYMENT INFORMATION**

Department/Division		Place of Employment	
Supervisors Name and Phone Number		Job Title	
Date of Hire	Work Telephone	Date of Hire	Work Telephone

Please Print or Type
(Do not use Pencil)

Case # _____

PART 4
DETAILED INFORMATION PERTAINING TO REQUEST

1. Outline specific circumstances that brought about this emergency (use reverse side if necessary)

2. What steps have you taken to obtain assistance prior to submitting your application (social agencies, loan consolidation, borrowing from friends, or financial institutions)?

3. How would you use the funds if granted? Itemize below.

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

4. If assistance is not granted, do you have another alternative?

5. Have you applied for EAAF or Friendship Fund previously? _____ Yes _____ No

When? _____ Assistance Granted? \$ _____

THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I AGREE TO USE THE ASSISTANCE AS AUTHORIZED BY THE BOARD OF DIRECTORS OF THE EAAF. I UNDERSTAND THAT THE BOARD MAY CONTACT ENTITIES INVOLVED TO VERIFY THIS INFORMATION; AND I AUTHORIZE THE CREDITORS NAMED HEREIN TO RELEASE TO THE BOARD ANY INFORMATION REQUESTED IN CONNECTION WITH THIS APPLICATION. I FURTHER AGREE TO PROVIDE RECEIPTS UPON REQUEST OF THE BOARD OF DIRECTORS.

Signature

Please Print or Type
(Do not use Pencil)

Case # _____

**PART 5
BALANCE SHEET**

INCOME

Employee (bi-wkly amt x2) (NET)	\$ _____
Spouse (monthly) (NET)	\$ _____
Other household member (Monthly)	\$ _____
Child support	\$ _____
Disability	\$ _____
Pension	\$ _____
Worker's Compensation	\$ _____
Welfare	\$ _____
Any Other	\$ _____
TOTAL INCOME	\$ _____

Savings Amount \$ _____

Name and Address of Depository

GROSS SALARY

<i>List Deductions</i>	_____
Coventry Ins.	_____
Life Insurance	_____
A D and D	_____
Disability Insurance	_____
Union Dues	_____
Parking	_____
Credit Union	_____
EEAF	_____
Wage Assign	_____
U.S. Levy	_____
Flex Spending	_____
Dental	_____
Retirement	_____
Fed. Taxes	_____
State Taxes	_____
F.I.C.A.	_____
Employee Association	_____
NET SALARY	_____

EXPENDITURES (Other than Payroll Deductions)

Monthly:

Food	\$ _____
House payment/rent	\$ _____
Electricity	\$ _____
Water	\$ _____
Telephone	\$ _____
Trash	\$ _____
Car Payment	\$ _____
Gas (Heating)	\$ _____
Gas (Auto)	\$ _____
Church	\$ _____
Insurance	
Auto	\$ _____
Home	\$ _____
Life	\$ _____
Health	\$ _____
Child Care	\$ _____
Child Support	\$ _____
School Lunches	\$ _____
Medical (itemize)	\$ _____
_____	\$ _____
_____	\$ _____
Charge Account/Loans	
_____	\$ _____
_____	\$ _____
Other non-monthly expenses	
_____	\$ _____
_____	\$ _____
TOTAL EXPENDITURES	\$ _____
REMAINING INCOME	\$ _____

(Level Payment _____yes___no)

(Level Payment _____yes___no)

(if other than City)

(if other than City)

(use separate sheet if necessary)

(list on separate sheet if necessary)

Balance \$ _____

Balance \$ _____

(list on separate sheet if necessary)

Please attach copies of bills for which you are requesting payment to this application, no money will be paid directly to an applicant.