

**2013 HARDSHIP FUNDS APPLICATION**  
**SEIU Local 503, OPEU**

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Members who have participated in strike activities are eligible to apply for hardship funds. The decision to approve or deny a hardship application will be made on a case-by-case basis. Hardship funds may be dispersed to eligible members for purposes such as, but not limited to: housing, utilities, food, medical costs, etc. Applications for hardship funds will be accepted following the first payday *after* a strike begins. For example, for units with paydays on the first of each month – if a strike begins on July 21, applications would be accepted beginning on August 1. Deadline for hardship funds applications will be 45 days following the end of the strike.

All applicable documentation must be provided with the application. At a minimum, please include a copy of your last full paystub, and the bill(s) you are asking for assistance with, along with this completed application.

**Applications received by 5pm on Wednesday will be processed and approved/denied by Friday. Approved applications will be submitted and checks will be cut and mailed on the following Monday.**

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I VERIFY THAT I AM A MEMBER IN GOOD STANDING OF SEIU LOCAL 503. I APPEARED DAILY ON THE PICKET LINE OR ENGAGED IN OTHER STRIKE ACTIVITIES AS AUTHORIZED BY THE UNION. REFER TO PICKET CAPTAIN OR SEIU LOCAL 503 ADMINISTRATIVE POLICIES AND PROCEDURES, ARTICLE XXI, SECTION 4 FOR PROCESS TO APPLY FOR EXCEPTION TO THIS RULE.

\_\_\_\_\_  
Signature of Applicant

Name of Picket Captain: \_\_\_\_\_

Picket Captain Agency/Worksite: \_\_\_\_\_

Phone Number/Email (If Known): \_\_\_\_\_

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**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Local/Worksite: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best Phone(s): \_\_\_\_\_ Personal Email: \_\_\_\_\_

AMOUNT OF ASSISTANCE REQUESTED \_\_\_\_\_

WHAT ASSISTANCE WILL COVER \_\_\_\_\_

TOTAL HOUSEHOLD INCOME FOR MONTH WHEN STRIKE OCCURRED \_\_\_\_\_  
(Include sources of income from all household members including, but not limited to – gross wages, strike payments, state/federal assistance, social security, et al)

TOTAL HOUSEHOLD INCOME FOR LAST MONTH PRIOR TO STRIKE \_\_\_\_\_  
(Include sources of income from all household members including, but not limited to – gross wages, strike payments, state/federal assistance, social security, et al)

NUMBER OF PEOPLE IN YOUR HOUSEHOLD/PEOPLE YOU ARE RESPONSIBLE TO SUPPORT \_\_\_\_\_

LIST ESSENTIAL MONTHLY EXPENSES (e.g. HOUSING - \$1100), attach extra page, if needed:

_____	_____
_____	_____
_____	_____

RESOURCES: CHECKING BALANCE: \_\_\_\_\_

SAVINGS BALANCE: \_\_\_\_\_

OTHER: \_\_\_\_\_

DESCRIBE SPECIAL CIRCUMSTANCES, IF ANY, attach extra page, if needed: \_\_\_\_\_

\_\_\_\_\_

**RETURN APPLICATIONS AND ALL SUPPORTING DOCUMENTS VIA EMAIL:**

**[HARDSHIP\\_COMMITTEE@SEIU503.ORG](mailto:HARDSHIP_COMMITTEE@SEIU503.ORG); FAX: 503-408-4099 ATTN: HARDSHIP COMMITTEE; MAIL: 6401 SE FOSTER RD, PORTLAND 97206 (EMAIL AND FAX ARE QUICKEST FORMS OF SUBMITTING APPLICATION).**

FOR COMMITTEE USE **ONLY**:

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ COMMENTS \_\_\_\_\_

SIGNATURE OF COMMITTEE CHAIR: \_\_\_\_\_ DATE: \_\_\_\_\_