



UNITED EDUCATORS OF SAN FRANCISCO

AFT/CFT #61, AFL-CIO, NEA/CTA

2310 Mason Street
San Francisco, CA 94133

415-956-8373

www.uesf.org

UESF61

UESF

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UESF HEALTH AND WELFARE FUND APPLICATION

ONE-TIME ONLY ASSISTANCE UP TO \$1,000
ONLY CURRENT UESF MEMBERS MAY APPLY

Please allow the Health and Welfare Committee up to a month to review all applications.

Legal Name of Applicant: _____

Address: _____

City: _____

Zipcode: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Years in San Francisco School District: _____ From: _____ To: _____

Position Held: _____

School of Current or Last Assignment: _____

Age: _____

Marital Status: _____

SFUSD ID#: _____

Financial Status / Assets: (Please state amounts.)

Savings: _____

Checking: _____

I. MONTHLY INCOME:

- A. All Monthly Household Wages: \$ _____
- B. Social Security: \$ _____
- C. Disability Income: \$ _____
- D. Other (please specify): \$ _____

TOTAL MONTHLY INCOME: \$ _____

II. MONTHLY EXPENSES:

- A. Rent / Mortgage: \$ _____
- B. Property Taxes: \$ _____
- C. Utilities: \$ _____
- D. Telephone/Cell/Internet/Cable: \$ _____
- E. Medical (Out-of-Pocket): \$ _____
- F. Dental (Out-of-Pocket): \$ _____
- G. Food: \$ _____
- H. Transportation: \$ _____
- I. Other (please specify): \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

III. BRIEF STATEMENT OF NEED: (Please attach statement.)

IV. Provide proof of medical or dental urgency, if applicable.

V. Please include copies of pages 1 and 2 of your most current IRS 1040 tax form.

Mail or Email complete application to:	
Health and Welfare Fund % UESF 2310 Mason St., 2nd Fl San Francisco, CA 94133	epaningbatan@uesf.org

Under penalty of perjury, I certify that the above statement is true and complete to the best of my ability and I have not omitted any assets, nor have I excluded any sources of income from this statement.

Date

Signature of Applicant

The Committee will keep all information on the application strictly confidential.