



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 @UnitedEducatorsofSF

UESF HEALTH AND WELFARE FUND APPLICATION STRIKE 2026

UESF has a Health and Welfare fund to support members experiencing a financial crisis. This fund is available to all members experiencing financial hardship due to the strike. Please note that funds are limited; we can support approximately 130 members. Once these funds are exhausted, we will encourage members to apply for an interest-free loan through the CTA.

- **Eligibility:** Members are eligible after one missed payday and five days on strike.
- **Amount:** You may apply to the Health and Welfare Fund for up to \$600 for the duration of the strike.
- **Administration:** The UESF Strike Loan Committee will administer the fund.

Please allow the Health and Welfare Committee up to a few days 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.

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.