

UESF HEALTH & WELFARE APPLICATION

Applications Ongoing from January 1st through November 15, 2023

ONE TIME ONLY ASSISTANCE UP TO \$1,000.00

ONLY CURRENT UESF MEMBERS MAY APPLY

Nam	e of Applicant:		
Addı	ress:		
City:			
Hom	e Phone:	Cell Phone:	
E-M	ail Address:		
Years in San Francisco School District:		From:	To:
Posi	tion Held:		
Scho	ol of Current or Last Assignment:		
DCIIC			
Age: Fina Savi	Marital Status: ncial Status / Assets: (Please state am	ounts) —	*
Age:	Marital Status: ncial Status / Assets: (Please state am	ounts)	*
Age: Fina Savi	Marital Status: ncial Status / Assets: (Please state am	ounts) —	*
Age: Fina Savi	Marital Status: ncial Status / Assets: (Please state am	ounts) 	
Age: Fina Savi Chec	Marital Status: ncial Status / Assets: (Please state am ngs: eking:	ounts) 	
Age: Fina Savi Chec	Marital Status: ncial Status / Assets: (Please state am ngs: eking: PLEASE COMPLETE THE FO	ounts) 	
Age: Fina Savi Chec	Marital Status: ncial Status / Assets: (Please state am ngs: eking: PLEASE COMPLETE THE FO	ounts) OLLOWING INFORMA	
Age: Fina Savi	Marital Status: ncial Status / Assets: (Please state amangs: eking: PLEASE COMPLETE THE FORMONTHLY INCOME: 1. All Monthly Household Wages	ounts) — OLLOWING INFORMA \$	

II.	MONTHLY EXPENSES:		
	1. Rent / Mortgage	\$	
	2. Property Taxes	\$	
	3. Utilities	\$	
	4. Telephone/cell/internet/cable	\$	
	5. Medical Out of pocket	\$	
	6. Dental	\$	
	7. Food	\$	
	8. Transportation	\$	
	9. Other (please specify)	\$	
•	form.	argency, if applicable. It 2 of your most current IRS 1040 tax have a \$6.00 application fee deducted	
	Mail or Email comp	plete application to:	
Health & Welfare Fund c/o UESF 2310 Mason St., 2 nd Floor San Francisco, CA 94133		galmanza@uesf.org	
the		e above statement is true and complete to ed any assets, nor have I excluded any	
	Date	Signature of Applicant	

III.

IV.

V.

VI.

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