



# UESF HEALTH & WELFARE APPLICATION



Applications Ongoing from April 1<sup>st</sup> through June 30, 2022  
**ONE TIME ONLY ASSISTANCE UP TO \$1,000.00**  
**ONLY CURRENT UESF MEMBERS MAY APPLY**

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail 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: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

**I. MONTHLY INCOME:**

1. All Monthly Household Wages \$ \_\_\_\_\_

2. Social Security \$ \_\_\_\_\_

3. Disability Income \$ \_\_\_\_\_

4. Other (please specify) \$ \_\_\_\_\_

**Total Household Monthly Income** \$ \_\_\_\_\_

**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) \$ \_\_\_\_\_

**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.**
- VI. **Paraeducators and Substitutes will have a \$6.00 application fee deducted from winnings:** *(only if selected for funding).*

<b>Mail or Email complete application to:</b>	
<b>Health &amp; Welfare Fund c/o UESF 2310 Mason St., 2<sup>nd</sup> Floor San Francisco, CA 94133</b>	<a href="mailto:galmanza@uesf.org" style="color: blue; text-decoration: underline;"><b>galmanza@uesf.org</b></a>

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.*