



# 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

UESF has a Health and Welfare fund to support members experiencing a financial crisis. This fund is available to **all members**, but we are **prioritizing members who have not previously received this grant and/or are experiencing financial hardship**. Please note that funds are limited and assistance is **up to \$400 only**.

*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 a screenshot of your paycheck received during these dates:**

- A. Classified Members: PP#15 (1/28-2/10) and PP#16 (2/11-2/24)**
- B. Certificated/Substitutes Members: PP#8 (2/1-2/28)**

**VI. 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	<a href="mailto:epaningbatan@uesf.org">epaningbatan@uesf.org</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.

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Date

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Signature of Applicant

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