

# STAFF EMERGENCY FUND APPLICATION



The University of Texas at Austin  
Employee Assistance Program

The university's Staff Emergency Fund (SEF) provides limited financial assistance when you're unable to meet immediate, essential expenses because of a temporary hardship related to an emergency situation. Funds granted to you are counted as income and subject to federal taxes. The SEF is made possible by the support of the President's Office, university employees, and the efforts of Staff Council. This specific fund is dedicated to employees whose employment does not require student status. To view financial assistance information for students, please visit the [Student Emergency Fund](#) page.

## ELIGIBILITY

You must:

- be an active, non-faculty, university staff member.
- have full- or part-time continuous employment (benefits-eligible) for at least 6 months prior to the date you apply.
- have a temporary financial hardship because of an emergency situation.
- have not received a Staff Emergency Fund award in the past 2 years.
- have an adjusted gross income of less than \$75,000 for an individual or \$150,000 or less for couples filing jointly.

*Employees separating from university employment are ineligible.*

A temporary financial hardship is one caused by a specific event such as:

- death of a family or household member.
- loss of livable housing due to structural damages caused by fire or natural disaster
- serious illness or injury.
- significant loss of household income affecting your ability to pay for basic needs.

*Temporary financial hardship means a hardship event rather than pre-existing financial concerns. Given the limited amount of funds, all requests can't be approved even though there may be a clear need for assistance. This fund may be insufficient in the case of widespread disasters, community crises, pandemic, act of war or terrorism. Car repairs and transportation expenses resulting from damage to automobiles do not qualify as an emergency expense. Medical expenses resulting from an auto accident may qualify as an emergency.*

## HOW TO APPLY

1. Fill out the form electronically or print the form and fill in manually. Be sure to sign and date the form to verify that the information is valid and accurate. All applications are treated as confidential.
2. Attach copies of all bills related to the hardship.  
Other documentation may be requested during the application process.
3. You have two options for completing this application: print the document, complete it by hand and scan the application (as well as supporting documents) to [eap@austin.utexas.edu](mailto:eap@austin.utexas.edu), or complete the document electronically, save it as a PDF and email it to [eap@austin.utexas.edu](mailto:eap@austin.utexas.edu). If you need to make alternate arrangements to turn in your application, please email us or call 512-471-3366.
4. You may be contacted by Employee Assistance Program (EAP) staff to review the application and to discuss other resources or services.
5. You will be notified by EAP staff of approval or denial generally within 3 business days after your completed application and supporting documents are received.
6. If your application is approved, the check will be sent to the address you specify. If you would prefer direct deposit, please tell the EAP staff member who informs you of approval so that they may provide you with direct deposit forms and instructions.

**Note:** If your application is found to contain misleading or inaccurate information it will be considered invalid and won't be forwarded to the selection committee.

*Disclosure of your Social Security number (SSN) may be requested from you in order for The University of Texas at Austin to process payment of a Staff Emergency Fund grant. Internal Revenue Service regulations require that the grant be reported as income. Failure to provide your SSN may result in inability to release the funds. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.*



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All personally identifying information will be removed before the application is forwarded to the selection committee. Completed application materials will be retained in the EAP office.

**Submit this completed application, plus the following documentation:**

- copies of bills related to the emergency that resulted in the financial hardship.

_____		_____		_____	
Name		UT EID		Date of birth	
_____		_____		Part Time (Benefits Eligible)	
Department		Length of university service		Full Time	
_____		_____		_____	
Home street address		City		Zip code	
_____		_____		_____	
Phone		Alternate phone		Is it OK to leave a phone message?	
_____		_____		Yes No	

\_\_\_\_\_

Mailing address for SEF check if different from above

Were you referred by a Victim's Advocate Network (VAN) volunteer?      Yes      No

**If applicant is not completing this form**

_____		_____		_____	
Name		Relationship		Phone	

I certify that the information provided on this application is complete and accurate and that my financial hardship is genuine. I certify that all supporting documents that I provide are valid and accurate. I understand that money received from the Staff Emergency Fund is taxable income. I will apply all money received from the Staff Emergency Fund toward debts related to the hardship. I understand that my application will not be considered for financial assistance if it is found to contain misleading information. If I am awarded these Emergency Funds, I hereby give permission to The University of Texas at Austin to provide my Social Security number to the University of Texas Foundation for tax reporting purposes.

_____		_____	
Employee signature		Date	

## HOUSEHOLD INFORMATION AND INCOME

List all individuals, including yourself, who reside in your household and their annual adjusted gross income. Please indicate their relationship to you (e.g., spouse, daughter, grandson, roommate, etc). Do not include their name.

	Household Members	Age	Annual Adjusted Gross Income
Self:	_____	_____	_____
Relationship:	_____	_____	_____
Relationship:	_____	_____	_____
Relationship:	_____	_____	_____
Relationship:	_____	_____	_____
Relationship:	_____	_____	_____
Relationship:	_____	_____	_____

List any additional sources of household income or support (e.g., disability, child support, public assistance, etc.) and the amount(s) received:

## DETAILS OF TEMPORARY HARDSHIP

Please give DETAILED answers to the following questions on as many separate sheets as needed. An EAP counselor may contact you for more information, including documentation.

1. Please describe your financial hardship in detail. What is the cause of hardship? When did the event or situation occur?

2. If you have missed time from work related to the hardship, please give dates.

3. If you are currently on leave, is your leave paid or unpaid? Please give expected date of return to work.

4. Did monthly expenses exceed monthly income before the emergency situation?      Yes      No

5. What is your most urgent bill?

6. How much money are you requesting? Please list a specific amount (maximum of \$300.00).

7. How did you arrive at your total requested amount listed above?

