

David Serlo Hardship Foundation — Hardship Application

To request emergency assistance, please provide the following information. Supportive documentation should be emailed to mike.bell@velera.com. Processing will be delayed without all the supportive documentation (copy of utility shut-off notice, foreclosure notice, other evidence of imminent legal action, three months of banking statements, etc.).

First Name

Last Name

Address

City

State

ZIP

Employee ID

Gender

Best Phone

Email

Please list other individuals living in the household (or "no one else"):

Start date of your employment with Velera (MM/DD/YYYY)

Note: 90 days or more of service and current employment at Velera is required.

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1. The amount of your request (be as specific as possible)

2. Do you have a 401k you can borrow from? Yes No

3. Did you know you may be eligible for a [Community Impact Fund loan](#) of up to \$1,000? Yes No

4. Can you take a [Community Impact Fund loan](#)? Yes No

5. If no, why not, and if yes, will that take care of your need (Please [contact the Community Impact Fund](#) for more information)?

6. Please list other income sources: (public assistance, PT job, etc.)

7. When was your last bonus (TEAM, Path, Sales, Collections, etc.)?

8. Is waiting until your next bonus payment an option? Yes No

9. Do you have an emergency savings fund you could use? Yes No

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10. Average monthly income (Include everyone in the household you rely on for income). Include gross income (before taxes and deductions) and take-home pay (after taxes and deductions). Please include any additional deductions (e.g., garnishments, 401K loan, etc.) other than the usual deductions (e.g., taxes, insurance).

11. List or provide details on your average monthly expenses (Mortgage or rent, car payments, childcare, food, cable, internet, phone, cell phone, gas/electric, water, food, clothing, gasoline for vehicles, insurance, credit cards, other expenses):

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12. Please include a detailed description of how the funds would be used.

13. **The cause of your emergency financial situation** (Example: fire, accident, serious health condition, death in the family)?

14. **A description of the adverse consequences that you are experiencing. Were any of these circumstances within your control?**

15. **If your requested amount is approved, how would these proceeds be distributed to remedy these circumstances?**

16. **What actions have you exhausted to address this financial condition?**

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17. Have you applied for assistance previously? If so, when?

Email supporting documentation to **SerloHF@pscu.com** to verify the nature of your emergency (copy of utility shut-off notice, foreclosure notice, other evidence of imminent legal action, 3-months of banking statements, etc.).

Your application can be submitted to the Funding Committee without documentation but understand that it will most likely be declined.

Please provide a list of any supporting documentation that you will be sending in.

I have no supporting documentation.

I hereby certify the information in this application to be true and correct. If it is determined to be false, the application will be denied.

Once your responses are complete, save this file and email it to SerloHF@pscu.com.

By providing the information requested in this application, I accept that the information will be shared with Velera employees who are volunteers of the David Serlo Hardship Foundation, Inc. I further understand that every reasonable effort will be made to assure the confidentiality of my request, but that I may be contacted by the Foundation President, or his or her designee, for additional information, and that the decisions of the Funding Committee are final.

After submission, your application will be reviewed by the Funding Committee once all needed materials have been provided.