



# The Foundation for Mott Community College's Employee Emergency Application

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

- Copy of most recent payroll earnings statement, showing pay period, income, and deductions
- Copies of bills related to the emergency that resulted in the financial hardship

Return completed form to:  
Mott Community College Office of Human Resources  
1401 E. Court St.  
Flint, MI 48503

\_\_\_\_\_  
Name Employee ID Date of birth

\_\_\_\_\_  
Department Length of service

\_\_\_\_\_  
Home street address

\_\_\_\_\_  
City Zip Code Phone Alt Phone

Is it okay to leave a phone message?  Yes  No

\_\_\_\_\_  
Mailing address for check if different from above

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 Foundation for Mott Community College's Employee Emergency Fund is taxable income. I will apply all money received from the fund towards 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 Mott Community College to provide my social security number to the Foundation for Mott Community College for tax reporting purposes.

\_\_\_\_\_  
Employee Signature Date

### Office Use Only

\_\_\_\_\_  
Date received Date Reviewed  Approved  Declined



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## Household information

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Your current legal status:       Single                               Married

Your living situation:               Own/purchasing home       Renting

List all individuals who reside in your household and how much they pay toward household expenses. Attach an extra sheet if needed. (Relationship = spouse, grandson, roommate, etc. **Do not include name**)

		Amount contributed to household expenses
_____ Relationship	_____ Age	_____ Contribution
_____ Relationship	_____ Age	_____ Contribution
_____ Relationship	_____ Age	_____ Contribution
_____ Relationship	_____ Age	_____ Contribution
_____ Relationship	_____ Age	_____ Contribution
_____ Relationship	_____ Age	_____ Contribution

## Employment information – Check all that apply

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- Full-time employee
- Part-time employee
- Temporary employee on assignment at Mott Community College
- Currently on unpaid leave of absence
- Currently covered under Family Medical Leave (FMLA)



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## Details of Temporary Hardship

Please give DETAILED answers to the following questions on as many separate sheets of paper as necessary. Identify items by number. An HR Rep may contact you for more information.

1. Provide a description of the financial hardship and the expenses related to it.

2. What is the expected length of hardship? If you have missed time from work related to the hardship, please give dates. If currently on leave, what is the expected date of your return to work? Are you currently on Family Medical Leave (FMLA)?

3. What other agencies or organizations have you applied to for assistance? Have you received any financial help to date?

4. What settlements or reimbursements from any source have you received or expect to receive to help with your emergency?

5. Do you have an insurance policy that covers these circumstances, and if so, what is the deductible?



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6. What is your most urgent bill?

7. Did monthly expenses exceed monthly income before the emergency situation?

8. Have you arranged payment plans for your overdue bills with creditors? If so, what are the plans?

9. Are you currently under a bankruptcy agreement or in the process of filing?

10. How much money are you requesting? Please list a specific amount (maximum of \$500.00)

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

**Financial Information-** Submit a copy of your **most recent payroll earnings statement** with the completed application.

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**Monthly income after taxes**

Employee income	Spouse/secondary income	Other payment received	<b>TOTAL</b>
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Take home

Child support, disability, etc.

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### Living Expenses (Financial Information Continued)

Usual Monthly Expenses	Estimated Total Monthly Payment	Amount Currently Overdue	Total Due
House/Rent (incl. home insurance, taxes, etc.)			
Utilities (water, gas, phones, etc.)			
Automotive Expenses (loan, insurances, gas, etc.)			
Credit Card(s)			
Food & household necessities			
Child/Elder Care			
Educational (current tuition, school loans, etc.)			
Other loans			
Other monthly expenses (explain)			
<b>TOTAL</b>			

**Medical expenses** – (Do not list charges covered by insurance. Provide details on a separate sheet.) Attach **copies of bills** related to the medical emergency that resulted in the financial hardship.

Usual monthly expenses	Estimated Total Monthly Payment	Amount Currently Overdue	Total Due
Doctors			
Hospitals			
Medication			
Other (explain)			
<b>TOTAL</b>			