**Athabasca University Faculty Association**

**Member Emergency Fund**

Application form

**About the fund**: The member emergency fund is administered by a committee elected by the AUFA membership. It is intended to provide small, interest-free short-term loans to AUFA Members who experience financial hardship that is caused or exacerbated by the reduced income that accompanies a job action.

‘Financial hardship’ is understood to mean the inability to meet childcare needs, housing needs, transportation needs, or the like. Loans will be a maximum of $2,000. Loans are to be repaid in full within 6 months of the completion of the work stoppage

**Confidentiality**:All applications should be submitted to aufahq@aufa.ca. All information in the application will be held in the strictest confidence by the committee. Any member of the committee that feels they are in a conflict of interest with an application (real, potential or perceived) will recuse themselves from reviewing that application.

**Expected Response Time**: The committee recognizes that this fund is meant to assist members in immediate need and as a result, endeavours to meet and reach a decision at least once a week during the duration of the strike. The committee will also endeavour to contact all applicants within 24 hours of having made a decision.

**E-MAIL COMPLETED FORM TO: Treasurer@aufa.ca**

Name:

Mailing Address:

Email Address:

Phone #

Date of application:

Hardship Fund Application

**AMOUNT REQUESTED**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (max $2,000)

|  |  |
| --- | --- |
| Monthly take-home Income from all sources pre-strike:  Monthly take-home Income from all sources during strike: | Number of Dependents: |
| Partner’s Monthly take-home Income from all Sources (if applicable): |

*Please complete the following:*

|  |  |
| --- | --- |
| **Monthly Budget** | |
| **Rent or Mortgage**: | **Heat** (if not included in rent): |
| **Food**: | **Transportation**: |
| **Utilities** (if not included in rent): | **Miscellaneous expenses** (please list): |

I verify that all information given in this application is true:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All information provided on this form is strictly confidential.

Decisions are made by an elected committee of AUFA members.

**Description of personal circumstances**

*Please briefly state below, the reason and an explanation for this request. Please provide detail sufficient for the committee to make a decision. You may add pages as necessary.*