



UHD Employee Relief Fund Application

The UHD Employee Relief Fund is a grant assistance program designed to support UHD employees facing unanticipated financial emergencies due to Hurricane Harvey. Funds are distributed on a first come, first served basis and employees are only eligible for a one-time award up to \$500.

Email this application to Montalbanoi@uhd.edu or deliver to:

University of Houston-Downtown
Attn: Ivonne Montalbano
Employment Services and Operations
One Main Street, S910
Houston, Texas 77002

Employee Information

Employee Name: _____
Department: _____ Position: _____
Employee ID: _____ Banner ID (Optional): _____
UHD Phone: _____ UHD Email: _____
Home Phone: _____ Mobile Phone: _____
Home Address: _____
Personal Email Address: _____

The following information will be used in the application review process.

Total Amount of Support Requested (Please enter dollar amount):

Narrative Statement. Provide a brief narrative of your situation. Include the reason/circumstance/events that led to your current financial need. You may attach additional pages if necessary.

File Attachments. Please provide at least one form of supporting documentation. Applications will not be considered complete without supporting documentation. Indicate type of document(s) attached below:

- 1. Proof of registration with FEMA
- 2. Proof of residence at a temporary shelter
- 3. Proof of insurance claim as a result of Hurricane Harvey.
- 4. Proof of loss of housing, transportation, employment or property
- 5. Proof of unanticipated emergency, e.g. medical bills, transportation, etc.
- 6. Other related supporting documentation. List all that apply:

Certification and Authorization

I hereby certify that all information provided in this application for assistance is true, accurate, and correct. I hereby authorize the release of this information to the review committee for consideration. I further acknowledge that, if I am approved, non-identifying information about my request may be used to inform donors to the UHD Employee Relief Fund in communications, and may be used in promotional materials.

Please enter your first and last name below, which will serve as your electronic signature for the university to process your request based on the above entries.

Applicant eSignature: _____ Date: _____

Applications will be accepted on a rolling basis; there is no deadline. Applications will be processed within seven business days after receipt of all required documentation. Upon receipt of this application, you may be contacted with a request for additional supporting documentation. Please ensure your contact information on this application is your current information and that you respond promptly. All communication regarding the approval, denial or request for additional information will be sent to your UHD employee email.

Office Use Only:

Date Received: _____

Approval

Date Approved: _____

Denial

Date Denied: _____

Reason for Denial:

Notes:

Authorized Signature: _____

Date: _____