



# Employee Emergency Assistance Program Application



All information contained in this application is strictly confidential.

Applicant Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Term: \_\_\_\_\_  
*(up to 12 months)*

Purpose for application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: As per Policy 1203, probationary employees can receive a max of \$500; employees who have contributed \$1,000 are eligible for a \$2,000 loan.*

## **REQUIRED DOCUMENTATION**

Please provide documentation to support proof of need and use of funds:

## **ACKNOWLEDGEMENT AND PROMISE TO PAY**

The undersigned hereby authorizes Harris County Emergency Corps to obtain verification of any information contained in this application from any source named herein. The undersigned has given their permission to Harris County Emergency Corps to request and receive information required to verify employment, mortgages, deed, trust accounts, savings accounts, credit accounts, financial status and any other information necessary to complete the application for benefits under this program.

The undersigned, certifies that the above statements are true, complete and accurate to the best of their knowledge, and understand that false information given may lead to disqualification from this program. It is understood that this information is given for the purpose of obtaining financial assistance through the Harris County Emergency Corps Employee Emergency Assistance Program and will be used for no other purpose.

\_\_\_\_\_  
*(Signature of applicant)*

\_\_\_\_\_  
*Date*



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<p>For EEAC Use Only:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Signature of EEAC Member: _____</p> <p>Signature of EEAC Member: _____</p> <p>Signature of EEAC Member: _____</p>	<p>Loan Amount: _____</p> <p>Term: _____</p> <p>Amount Per Pay Period: _____</p> <p>Date of First Deduction: _____</p>
<p>Date Approved/Denied: _____</p> <p>Hire Date: _____</p> <p>Contributed Amount: _____</p>	