

Employee Emergency Relief Fund Application

Reset Form

Applicant Information			
USCID:	Full Name: (Last, First, Middle):		
Mailing Address	Street:	Apt/Unit #:	
City:	State:	Zip Code:	
Preferred Phone:	Alternate Phone:		
Preferred Email:			
Department Name:			
What is your current work status?			
Number of Members in Household:			
Monthly Living Expenses (Non-taxable under IRS)			
Rent/Mortgage:			
Utilities: Includes water, electric, gas and sewage.			
Transportation/Car Payment:			
Food:			
Medical:			
Childcare:			
Care for Elderly Family Members:			
Add Total Monthly Essential Expenses:			
Total Monthly Household Income (prior to hardship):			
Total Monthly Household Income (currently):			
Total amount you are requesting:			
Demonstration of Hardship (you can continue a separate page if required):			
<i>By signing this application, you give consent for your personal information to be discussed with the Emergency Fund Committee.</i>			
Employee:			Date:
Please return signed form to the Division of Human Resources, 915 Bull Street, Suite 208, Columbia, SC 29208 or email EmergencyFund@sc.edu .			
Note: Fund availability is subject to donations and the number of applications submitted.			