

**CONFIDENTIAL APPLICATION
STONY BROOK UNIVERSITY
HARDSHIP FUND**

Date of Application _____

Date of Interview _____

Have you applied previously? Yes ___ No ___ **If, Yes, when** _____

PERSONAL INFORMATION

Employee Name	S.S.#	Dept.
Address	Home Phone	West Campus__ Hosp.____ HSC ___ LISVH ____ South Campus ___ Tech Park ____
City/State	Work Phone	Date of Hire
Zip Code	Mos./Yrs. of Service	Employer: State ___ RF ____

HOUSEHOLD INFORMATION

Number of adults in household _____

Number of dependents in household _____

Ages of dependents: _____

1. I certify that the information hereon is complete and accurate.
2. I will apply all monies received from the Stony Brook University Hardship Fund toward the listed obligations.
3. I will contribute to the Hardship Fund, all or a portion of the above amount when I am able.
4. I understand that monies may be considered as income and may be taxable. Please consult with your accountant for tax liability.
5. If my application is approved, I give permission to SBF to contact the payee, if necessary.
6. I give EAP consent to disclose personal information to the Hardship Fund Committee.

Because the check is issued by the Stony Brook Foundation, it is impossible to make the entire process totally confidential. However, every effort will be made to preserve an individual's confidentiality.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

DETAILS OF HARDSHIP

- 1. Monies to be used for: _____.
- 2. Reason for Hardship (Provide dates and specific details)

**If you need more space, continue on back*

- 3. Expected length of hardship: _____
- 4. How much money are you requesting? _____

5. Payee Information;

Payee Name _____

Payee Address _____

Telephone # _____

DO NOT WRITE BELOW THIS LINE

Committee Member _____	Date: _____
Committee Member _____	Committee Member _____
Administrator _____	
Approved _____	Date check needed _____ Amount Authorized \$ _____
Not Approved ___ If not approved, why: _____	

