



## Application for Emergency Financial Assistance

### What is the Employee and Community Assistance Fund (ECAF)?

Southcentral Foundation's Employee and Community Assistance Fund (ECAF) is a benevolence fund, supported by employee and community donations. The fund is intended to provide emergency financial assistance to Alaskan residents who are faced with desperate circumstances following an emergency and/or other unforeseen life event. ECAF is mindful of the financial burdens that we may occasionally experience. Whether these challenges occur from natural disasters or personal complications, we care about you and want to help. Though there are conditions and criteria that need to be met to receive an award, it is not meant to exclude any applicant. However, since the program is supported solely by donations, it is essential to truly identify those with need, to preserve the original intent, and to prevent possible misuse of the fund.

### How do I apply and who is eligible?

- Use this application to apply for emergency financial assistance from ECAF
  - a. Scan and email it to [scfecaf@southcentralfoundation.com](mailto:scfecaf@southcentralfoundation.com)
  - b. Mail or deliver in person to 4501 Diplomacy Drive, Anchorage, Alaska 99508
  - c. Fax it to 907-729-5227
- You must be an Alaska resident facing an unforeseen, emergency financial hardship

### What you may need to provide to us.

**Documentation must be attached to the application upon submission – incomplete applications will be held until documentation is received.**

*Examples of supporting documentation of the incident that has created your financial hardship:*

- Provider's notes (including dates unable to produce income)
- Medical bills and co-pays for doctor's visits and prescriptions
- Accident report
- Police or fire report
- Death certificate
- Legal documentation of court proceedings
- Pay stubs that document loss of income due to hardship
- Leave time balances or statement that you are not eligible for leave time benefits

*Documentation of monthly income for all members of the household, regardless of type of income. For example:*

- Two (2) most recent pay stubs
- Two (2) most recent pay stubs for others in the home
- Unemployment
- All other income

*Documentation of all monthly expenses including the following:*

- Lease or mortgage statement
- Utility bills (electric, gas, water, phone, cable, garbage, etc.)
- Car payment
- Insurances (car, life, rental, or mortgage, etc.)
- Child Care expenses
- Loans (student/educational, personal, property, payday, title, etc.)
- Credit cards
- Other regularly paid bills



### How long will it take?

When possible, the application review panel will make funding decisions within three (3) business days. However, funding decisions may take up to five (5) business days, depending on the circumstances presented. If additional information is required, you will be contacted by an ECAF associate.

- The applicant will be notified of the decision whether approved or denied. If application is approved, a check will be generated as quickly as administratively possible, and the applicant will be notified when the check is available.
- In the event an application is not approved, the applicant has the option to submit a new request.

### Important information to know.

- An application review panel reviews all applications to determine criteria is met.
- Applications are considered with the goal of helping the applicant remain self-sufficient.
- ECAF will typically pay expenses associated with a crisis directly to the applicant.
- There is no guarantee that an application will be approved. If denied, every effort will be made to refer the applicant to other community sources of support.
- All applicants and information shared are kept confidential.
- **If you need help with this form or have questions, please contact us at 907-729-6723 or email [SCFECAF@southcentralfoundation.com](mailto:SCFECAF@southcentralfoundation.com)**

### What is considered an emergency hardship?

- Fire
- Natural disaster
- Theft/loss of essential property
- Funeral expenses
- Accident
- Illness or disability

### Funding Exclusions

Under no circumstances will ECAF support the following areas:

- *Non-crisis situations* – ECAF considers a crisis to be unexpected or out of one's control that requires immediate attention to prevent further complications.
- *Past Due Medical Bills* – ECAF does not support past due medical bills or insurance premiums. ECAF does not fund costs associated with cosmetic surgery.
- *Grants for Existing Debt* – ECAF does not make payments for credit cards, payday loans, or rent-to-own contracts.

### What limits apply to ECAF?

- No more than one (1) application per crisis.
- No more than twenty-five hundred dollars (\$2500) may be awarded to an applicant during a rolling twelve (12) month period.

### Additional Resources

#### Alaska Temporary Assistance Program/General Relief Assistance/Adult Public Assistance

800-478-7778

Alaska Employment Office

907-269-4800

Cook Inlet Tribal Council

907-793-3600

Heating Assistance Office

907-465-3010

Mat-Su District Office

907-376-3903

Social Security Administration

907-271-4455

Landlord Housing Partnership Program

907-215-1661

Bureau of Indian Affairs

907-271-3519

Eagle River Job Center

907-694-7008

Long Term Care Office

907-269-8950

Senior Benefits Office

907-352-4150

State Energy Assistance Program

907-465-3058

SCF Outreach and Enrollment

907-729-4470



**Applicant Information**

*This application must be filled out completely for all financial requests. Incomplete applications and lack of supporting documentation will delay the review process.*

<b>Full Name</b>			
<b>Phone</b>		<b>Email</b>	
<b>Address</b>			
<b>City, State &amp; Zip</b>			
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Partner <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated		
<b>Referred by</b>			

**Household Information**

Start with yourself and then complete for each person in your household. For more than six (6) people, make a copy of the blank pages and attach.

Full Name	Age	Relationship	Employer	Monthly Income
		self		\$
				\$
				\$
				\$
				\$
				\$
<b>Total Monthly Income</b>				<b>\$</b>



### Monthly Household Expenses

Please tell us about your expenses so you can get the maximum benefits. *If requested, you may need to provide statements. Do not enter amounts paid by housing assistance such as HUD, ASHA, AHFC or Section 8.*

Description	Monthly Amount	Amount Owed
Housing ( <i>rent or mortgage</i> )	\$	\$
Food and groceries ( <i>do not include Food Stamp amount</i> )	\$	\$
Utilities ( <i>electric, gas, water, and sewer</i> )	\$	\$
Cable, internet, phone	\$	\$
Transportation ( <i>car payment, gas, maintenance</i> )	\$	\$
Out-of-pocket medical ( <i>doctor, hospital, prescriptions</i> )	\$	\$
Childcare, child support, alimony	\$	\$
Credit card or debt payment	\$	\$
Other expenses not listed	\$	\$
Other expenses not listed	\$	\$
<b>Total Monthly Expenses</b>	<b>\$</b>	<b>\$</b>

### Sharing Your Story

In order for the application review team to determine eligibility and insight into your financial need, please detail when and what caused the need for financial assistance, how we can help, and who you have reached out to for additional resources.

Please describe the unexpected life event that caused your financial need. *This should explain when and what caused the difficulties you are experiencing and financial impacts of the situation such as medical, inability to work, etc.*



How are you actively working to ensure that your current financial need will not become a long-term situation?

Describe your support system, for example, who do you count on for support, help, accountability, etc.?

Please list all agencies and organizations you have contacted for assistance. What was the outcome?

### References

Please provide two (2) references who know you well and can verify your financial hardship.

Name	Phone	Email



**Description of Need**

*What is the amount of the financial assistance you are requesting?* Please provide documentation of the amounts that you owe – bills, statements, lease agreements, etc. must be in the applicant’s name who is requesting assistance.

Who do you owe?	Amount Owed	Documentation Provided
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total Requesting Amount</b>	<b>\$</b>	

**Payment of Award**

*If your application is approved, how would you like to receive your award?*

- Mailed** (we will use the address submitted on this application)
- Pick up in person** at 4501 Diplomacy Drive, Anchorage, Alaska 99508
- Direct deposit** (if you choose this option, please provide a voided check or statement from your bank that shows your name, routing, and account number with your supporting documents)

**Disclaimer and Signature**

I confirm to the best of my knowledge that the information and documentation contained in this application is accurate and true. I also understand that additional information may be requested to verify what has been submitted.

If financial assistance is awarded, the funds will be used for the purpose(s) intended and will not be given away to other parties or agencies. I further acknowledge that I may be contacted by an ECAF associate and that my references listed above will be contacted for further information, clarification, or collaboration.

I understand that there is **not** a formal appeal process, and I am able to reapply if denied.

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