

**TeamRoehl Employee Help Fund
Crisis Fund Application**

Date: _____

Personal Information:

Employee's Name: _____

Employee Code or Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip _____

Phone number: _____ Email: _____

Eligibility (Must be employed with Roehl for at least 90 days):

Date of Hire: _____

Have you received assistance from the TeamRoehl Help Fund prior to this application?

Yes _____ No _____

Household Status:

Are you a: _____ Single Parent _____ Couple _____ Couple with children _____ Single

Number of children living in your home: _____ Ages of children _____

Spouse's income: _____

Monthly child support or alimony paid out \$ _____ or received \$ _____

Other income monthly income received \$ _____

Explanation of Crisis:

Please explain the specific details about your situation and what has caused your financial crisis:

Please attach any documentation you have regarding your financial crisis.

What dollar amount you are requesting from The Help Fund to help you with your crisis?
