

**The Seabrook Island Employee
Assistance Fund**

APPLICATION FOR ASSISTANCE

THE PROGRAM: The Seabrook Island Employee Assistance Fund helps employees who are experiencing economic hardship and are unable to afford housing, utilities, and other basic living needs because of a **natural disaster; life-threatening illness or injury; death or other catastrophic circumstances.**

GRANTS: Awards may be made in the amount of the hardship up to \$4,000. The maximum award is not guaranteed, and in many cases, a lesser amount will be awarded. All payments are made directly to vendors; no assistance funds will be sent directly to applicants and applicants will not be reimbursed. . **An employee can only be approved for assistance once within a six-month period.**

SECTION A: WILL YOU QUALIFY?

ELIGIBILITY: All Seabrook Island Club (SIC) employees below the Department Head level qualify if you:

- Are in good standing
- Have been employed by SIC for at least 6 months
- Regularly work at least 20 hours per week
- Date of incident (must have occurred within the past 60 days)_____

Does your hardship fall within one of the following categories?

Natural Disaster: Events such as a wildfire, flood, tornado, hurricane, severe storms or earthquake, that have damaged or destroyed the employee's primary residence. The Fund cannot pay to repair other property and cannot pay to replace non-essential items, such as electronics or furnishings. *Photographs or insurance reports may be required.*

Life-Threatening Or Serious Illness Or Injury: The Fund will consider extraordinary costs beyond medical insurance. There must be a resulting financial need including an inability to pay basic living expenses. *Doctor confirmation or medical documentation will be required – please attach.*

Death Incident: This includes the death of an active SIC employee, spouse or minor child. The Fund will consider the loss of income, cost of burial or funeral expenses, or remaining medical costs of the deceased which prevents an applicant from affording basic living expenses. *Attach copy of the death certificate or obituary*

Catastrophic Circumstance: This includes but is not limited to: fire, major home damage that could not be prevented, serious crime against the employee (robbery, arson, assault, domestic abuse, extreme vandalism), or another reportable incident beyond the employee's control that impacts the ability to afford basic needs. **The following are ineligible:** credit card debt, home foreclosure, wage garnishment, bankruptcy, child support payment, car repair of nonprimary vehicle, taxes, or accumulated financial distress. *Attach Police, Fire or other official incident report.*

SECTION B: YOUR GENERAL INFORMATION

Applicant Name (please print clearly): _____

Employee Name if different from applicant: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____

Daytime Phone: (_____) _____ Is it okay to leave you a message? YES NO

** Approval notification will be sent to you by Mail E-Mail

Date of Hire: _____ **Job Title:** _____ **Supervisor:** _____

Seabrook Island Club
3772 Seabrook Island Rd. Johns Island, SC 29455
843-768-2500

Employee Name (please print clearly): _____

SECTION C: DESCRIBE YOUR SITUATION

Please be thorough in your descriptions and explanations below. Feel free to use additional paper if necessary to fully explain your situation.

Type of incident or event: _____ Date occurred: _____
(example: tornado, fire, flood, type of injury, name of illness, domestic abuse) **(must be within past 60 days)**

How have you been affected by the situation? _____

Are you covered by medical or disability insurance? _____ Have you applied for disability benefits? _____

If your home was damaged, will insurance cover part of the cost? _____ Your deductible amount? _____

Describe the incident in detail: What happened? _____

Describe how the incident has caused your financial hardship: How has this made it hard to afford your basic living needs?

Estimate the financial impact of the incident: How much has this cost you? _____

Please tell us anything else that would help us understand the hardship you are experiencing. **If this application is being completed by someone other than the employee (as in the case of death or other inability to complete the form), please explain and provide a contact name and information.** _____

Have other resources been considered or used, such as American Red Cross, Salvation Army, local faith organizations, or other, similar social services agencies? Describe those efforts and the response you received:

Employee Name (please print clearly): _____

SECTION D: ASSISTANCE GRANTS

Grants are **only** to help pay for limited types of essential living expenses, which are:

- Rent, mortgage or other housing payments
- Temporary housing and security deposits for new housing
- Essential utility bills (electricity, heat, water)
- Medical expenses incurred within past 60 days related to the incident and not covered by insurance
- Home repairs needed to maintain your home in a safe and livable condition

Examples of ineligible expenses are:

- Insurance premiums, co-pays or items which are covered or should have been covered by insurance
- Routine living expenses such as car maintenance, telephone, cable, or internet
- Non-essential items such as furniture, appliances, electronics, cosmetic or discretionary surgery
- Unexpected expenses that do not cause a hardship or cannot be documented
- Less than expected bonuses, commissions, or other pay that typically fluctuates
- Personal debt such as property or income tax, child support, credit card debt
- Expenses unrelated to your household or are outside of your responsibility
- Accidental damage due to negligence
- Legal expenses, fees or fines

If the application is approved, payments will be made on your behalf to the vendor(s) you list. **All grants are made directly to vendors as bill payments; no assistance funds will be sent directly to you, and no reimbursements can be made.**

Provide the name of the vendor(s) to be paid, the complete address, the account number or identifying information, amount due, and due date. Although the maximum grant amount is \$4,000, multiple smaller sums may be awarded. List the vendors in order of priority. **For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc).**

NOTE : We cannot make payments without clear, complete information including full account numbers or other payment information, addresses and documentation. Omitting this information or copies of your bills will delay your application.

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Vendor/Biller Name	
Complete Mailing Address for Payment	
Basic Need Covered	
Payment Amount & Due Date	
Account Number or Identifying Information	

Employee Name (please print clearly): _____

SECTION E: DECLARATIONS AND AGREEMENT

1. This application will be treated in a confidential manner by The Seabrook Island Employee Assistance Fund Board.
2. Applications will be reviewed and grant decisions will be made promptly once an employee has provided all required documentation.
3. Prior applications, whether approved or declined, will bear no influence on the current application.
4. Your signature below certifies that the information provided is true and complete, authorizes Seabrook Island Human Resources and The Fund Board to obtain and/or verify all information necessary to process this application, and releases The Seabrook Island Club and The Seabrook Island Employee Assistance Fund Board from any liability associated with the rejection of or funding of this application. By signing below, you acknowledge that if the information provided on your application is found to be false or fabricated, you can face disciplinary action up to and including termination.

Applicant's Signature: _____ Date: _____

The following will ensure a prompt response to your application.

Have you:

- ✓ Carefully read the requirements to be sure you qualify?
- ✓ Included a copy of your pay stub or payment statement if necessary?
- ✓ Completed all Sections of the application and sign Section E: Declarations and Agreement?
- ✓ Included all required documentation (incident reports, medical information, vendor info)?

Mail or email the completed and signed application with requested documentation to:

**The Seabrook Island Employee Assistance Fund
Attention: Human Resources
3772 Seabrook Island Rd.
Johns Island, SC 29455
Email address – jleypoldt@seabrookisland.com
Phone: 843-768-7774**