

CLUB OF HEARTS, INC.
GENERAL EMPLOYEE EMERGENCY FUND APPLICATION (EMPLOYEE)

GENERAL INFORMATION

Recipient's Name		Employee's Name and Relationship to Recipient	
Recipient's Home/Cell Phone Number		Employee Number	Employee's Work Phone Number
Employee's Full Home Address		Employee's Work Location	
List names of Spouse, Dependent Children and Other Household Members living with you:			
Name	Date of Birth	Name	Date of Birth
Is your spouse a Georgia Power or Southern Company employee? ↑No ↑Yes ↑Not applicable			

Application Instructions

SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF BENEFITS. ANY AWARD OF BENEFITS IS SUBJECT TO THE ABSOLUTE DISCRETION OF THE CLUB OF HEARTS, INC. ALL APPLICANTS WILL BE NOTIFIED IN WRITING OF THE CLUB OF HEARTS BOARD'S DECISION TO APPROVE/DENY THE REQUEST. IF THE SUBMITTED APPLICATION IS NOT COMPLETE, IT WILL BE DENIED. PLEASE SEE THE CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND GUIDELINES FOR MORE INFORMATION ABOUT ELIGIBILITY AND THE APPLICATION REVIEW PROCESS.

In applying for Employee Emergency Fund assistance, the Club of Hearts management and board **may** need to ask additional questions about your personal situation to make an informed decision. We also reserve the right to obtain additional information from the applicant, or other sources, while reviewing the request in order to verify the reported employee need/emergency.

The Employee Emergency Fund Guidelines are posted on the Club of Hearts website. Carefully review these guidelines as they are part of the application.

<http://charitablegiving.southernco.com/gpc/clubofhearts/> or <http://www.georgiapower.com/in-your-community/charitable-giving/club-of-hearts.cshml>

Please follow the directions below in completing your application.

1. Completely fill out the application, including all information regarding family members living with you, all incomes in the household, etc., and submit the completed and signed application along with **copies** (not originals) of the following:
 - Documentation regarding your emergency situation (i.e. **copy of local fire department report showing proof of fire, etc.**) and what caused it.
 - Copies of your last two paychecks (Copies can be obtained from HR Direct).
 - Copies of approved documentation for FMLA, Supplemental Security Disability Insurance (SSDI) and Worker's Compensation, if applicable.
 - Copies of all invoices for which you are requesting payment, where applicable. (Requests will not be considered without the invoice).
 - Copy of your most recently filed 1040, 1040A or 1040EZ income tax return (do not include schedules).
2. Return the application with all supporting documentation to Club of Hearts using one of the ways listed below:

Mail to: Club of Hearts
Bin 10196
241 Ralph McGill Blvd.
Atlanta, GA 30308-3374

Scan/email to: clubhear@southernco.com

Fax to: 404-707-2530

GENERAL EMPLOYEE EMERGENCY FUND APPLICATION

Date of Application	<i>Be as detailed as possible with the description. Attach additional sheets, if needed.</i>	Have you or any of your dependents ever received EEF funding for this same catastrophic event, related to a chronic, debilitating illness? ↑No ↑Yes If yes, please tell us when and why?
Total Amount Requested (maximum amount is \$6,000, less any emergency funds already granted).		Have you or any of your dependents ever received EEF funding for a different catastrophic event? ↑No ↑Yes If yes, please tell us when and why?

LIST ALL OF YOUR EXPENSES and details requested for items listed in columns A, B, C, D and E. Invoices must be included for all items marked by * and all items listed in column E. **Only items listed in Column E will be considered for reimbursement, but all invoices marked by * must be included to ensure clear understanding of the financial situation.** In addition, please ensure invoices or receipts contain your name or dependent's name on account and payment address. This information will be used if request is approved. Provide any additional explanation possible to clarify expenses listed below. Not all expenses are paid with EEF funds, but they are considered when making decisions about your application. - *Be as detailed as possible with the description. Attach additional sheets, if necessary.*

Purpose	<u>Column A</u> Invoice Date(s)	<u>Column B</u> Due Date(s)	<u>Column C</u> Monthly Payment(s)	<u>Column D</u> Late Fees	<u>Column E</u> Total Payment Requested (Attach invoices, receipts and/or additional explanation of expense)
Rent or Mortgage					
Food					
Medical					
Dental					
*Vehicle Payment ¹					
*Vehicle Payment ¹					
Auto Insurance					
Gasoline					
Electric					
Gas					
Water & Sewer					
Telephone – Landline					
Cell Phone ²					
Home Owner's/Renters Insurance					
*Cable					
Internet					
Childcare					
Child Support					
*Credit Card ³					
*Credit Card					
*Outstanding Loan					
Other (please specify)					
Other (please specify)					
Other (please specify)					

Define specific areas where the EEF funds can provide assistance to you.
If you/your spouse have filed for EEF funds in the past, for the same catastrophic event, related to a chronic, debilitating illness, please give a detailed description of the lifestyle changes you are making (or have made) to better your financial situation in the long-term?

APPLICANT/EMPLOYEE INCOME – Provide any additional explanation possible to clarify income listed below.			
Gross Annual Household Income			
Net Annual Household Income			
Employee			
Spouse			
Other Household Member			
Retirement			
Child Support			
Alimony			
Unemployment			
Worker’s Compensation			
Short-Term or Long-Term Disability			
Other Income			
OTHER FINANCIAL INFORMATION (Please enter “0” or “N/A” for not applicable in all boxes.)			
Checking Account Balance		Savings Account Balance	
401K Balance		Equity in Residence	
Other Assets		Total Value of all assets	

Declaration of Truth

I declare under penalties of perjury that I have examined this General Employee Emergency Fund Application, including any accompanying attachments, schedules and statements, and to the best of my knowledge and belief, such documents are true, correct and complete. I also specifically give my permission to HR Direct, **Disability Management, and medical service providers**, MetLife and/or UNUM Provident for the purpose of providing Club of Hearts with any requested information pertaining to salary continuation, leave time, disability income payments and monthly pay deductions. **I understand that this information will no longer be protected by HIPAA once it is disclosed to Club of Hearts, and that there is a potential for this information to be disclosed by Club of Hearts to others on a “need to know basis” in connection with matters such as management decisions, health and safety issues, grievance procedures, benefits determination, etc.** Furthermore, I understand that if I have knowingly provided any false information, my supervisor will be informed of my actions and the situation will be turned over to the appropriate company entities for further investigation and possible disciplinary action, up to and including termination.

 Recipient/Employee Signature

 Date