

# SEATTLE ADVERTISING INDUSTRY EMERGENCY FUND

## APPLICATION FOR FINANCIAL AID

The Seattle Advertising Industry Emergency Fund (SAIEF) has been established to provide aid and promote the raising of monies for aid in times of need to members of the Seattle Advertising Industry and their families. Persons eligible for aid must have been employed for a continuous period of one year by an advertising agency, advertising medium or an advertising department in a company. If they are not so employed, the period for which they have been out of the advertising business must not exceed one year. The SAIEF Eligibility Committee may recommend to the Board of Directors approval of benefits to exceptional cases not falling within the above definitions.

Please complete all sections of this form, as detailed information will help speed up a response. Particular attention should be given to the section "PURPOSE OF FUNDS." Financial assistance cannot be provided where the reason for the application for assistance is not explained or where the reason given is "personal" or words to that effect.

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Please print or type \_\_\_\_\_ Date \_\_\_\_\_

Name (Last/First/MI) \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Age \_\_\_\_\_ Number of Dependents \_\_\_\_\_

Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Widow \_\_\_

Are you presently employed? \_\_\_\_\_ Company \_\_\_\_\_ Office Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ How long at the company? \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Past Employment (Please list last two employers)  
Company

Address

From/To

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Do you have health insurance at this time? \_\_\_\_\_ If yes, please list.  
Company Address

Policy Number

### Bank/Savings Information

Checking \_\_\_ Savings \_\_\_ Bank/Branch \_\_\_\_\_

Checking \_\_\_ Savings \_\_\_ Bank/Branch \_\_\_\_\_

Referred to SAIEF by: \_\_\_\_\_

**SAIEF - APPLICATION FOR FINANCIAL AID**

MONTHLY INCOME

Salary (net)	\$ _____
Spouse's Salary (net)	\$ _____
Disability Benefits or Pensions (Describe)	\$ _____
_____	\$ _____
_____	\$ _____
Other Income (Describe)	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>

MONTHLY EXPENSES

Rent _____ Mortgage _____	Avg. Monthly Payment \$ _____
Food	\$ _____
Electric/Gas/Utilities	\$ _____
Telephone	\$ _____
Auto (including insurance, maintenance, gas)	\$ _____
Insurance other than auto	\$ _____
Dental/Medical	\$ _____
Personal item/misc.	\$ _____
Other (Describe)	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Monthly Expenses</b>	<b>\$ _____</b>

Outstanding Bills: Insert in brackets ( ) the number of months the payments are delinquent

<u>Owed To</u>	<u>For What Purpose</u>	<u>Balance Due</u>	<u>Monthly Payments</u>
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )

_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
_____	_____	\$ _____	\$ _____ ( )
		TOTAL:	\$ _____ \$ _____

**SAIEF - APPLICATION FOR FINANCIAL AID**

Purpose of Funds (Give all information for requesting aid)

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If you are applying for aid for future medical treatment of care, please fill out the following.

Doctor	Amount (\$)	Address	Phone

Have you applied to other institutions for aid? \_\_\_\_\_ If yes,

Institution	Address	Phone

Which have you received aid from, if any? \_\_\_\_\_

Have you applied to SAIEF for aid before? \_\_\_\_\_ When? \_\_\_\_\_

I have answered the foregoing questions to the best of my ability, without any mental reservations; the facts stated above are true in the best of my knowledge. I understand that if any of the foregoing is incorrect, I will not receive assistance from the Seattle Advertising Industry Emergency Fund.

I hereby authorize the SAIEF to communicate with my person or persons to verify the foregoing information, including but not limited to earnings from employers, and to contact financial institutions for financial data and any other agency or persons regarding my financial condition.

I understand that this may be structured as a loan and that by repaying SAIEF, other will be able to benefit from emergency funds as I will have. I understand that SAIEF will not give cash directly to any individual. Payments will be made directly to creditor.

I certify or declare under penalty of perjury that the foregoing is true and correct.

Amount requested \$ \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

If applicant is unable to sign or fill out form and a second party is involved, please sign below.

Second Party Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PLEASE RETURN THIS FORM WITH ANY ATTACHEMNTS OR ADDITIONAL COMMENTS TO:  
SEATTLE ADVERTISING INDUSTRY EMERGENCY FUND (SAIEF)  
Eligibility Chairperson, P.O. Box 61280, Seattle, WA 98121

All information provided to SAIEF is strictly confidential. The name of the applicant is known only to the Eligibility Chairperson.