

Ekho Your Heart

DISASTER RELIEF FUND APPLICATION

A special disaster relief fund has been established under the Ekho Your Heart Program to assist CSUCI students, staff, and faculty recovering from disasters such as the 2017 Thomas Fire or 2018 Holiday Fire, as well as other disasters that may affect members of the campus community. This fund has been established to help provide basic necessities to those with the greatest need.

APPLICATION PROCESS

1. Complete the Application Form with appropriate explanation and supporting documentation.
2. Print, sign and deliver to Human Resources, Lindero Hall, Room 1804.

OR Print, sign, scan and email to HRServices@csuci.edu or fax to 805-437-8491

WHO'S ELIGIBLE

Applicants must be current CSUCI student, staff, or faculty and be able to document a short-term financial hardship resulting from a disaster such as the 2017 Thomas Fire or 2018 Holiday Fire. This fund is not intended to cover expenses otherwise covered by an applicant's insurance.

POTENTIAL AWARD AMOUNT

Awards will be granted on a case-by-case basis up to \$1,000. Awards may be subject to income tax.

SELECTION

The Ekho Your Heart Disaster Relief Fund Committee will meet to review applications and recommend to the President those selected to receive funding.

Funds are limited and will be awarded in the order in which applications are received. All information pertaining to this application and subsequent award will be confidential to the extent allowed by law.

Questions may be directed to Human Resources at HRServices@csuci.edu, Lindero Hall 1804, or 805-437-8490.

EKHO YOUR HEART DISASTER RELIEF FUND APPLICATION

Please check one and complete ALL information in fields below.

Student

Faculty

Staff

LAST Name _____ FIRST Name _____ Middle Initial _____

Student/Staff/Faculty ID Number _____

Current Mailing Address _____

City _____ State _____ Zip _____

Email _____ Telephone _____

Amount Requested _____

Please provide detailed answers to the questions below. Attach additional documentation if needed.

1. Please provide a short description of the disaster that affected you (e.g., December 2017 Thomas Fire):

2. In what way did the disaster affect you (check all that apply)?

Primary residence was destroyed or significantly damaged

Lost personal belongings

Incurred temporary expenses related to evacuation

Other

Please explain further in box below.

3. How will these funds assist you in meeting your needs?

I, the undersigned, certify that the information provided on this application is true and that the amount requested under this application is **not** covered by other insurance coverage.

Application Signature _____ Date _____

Application Name (print) _____

Internal Use: Employee __ yes __ no Approved __ yes __ no Award Amount: _____