

# Ekho Your Heart

## FIRE RELIEF FUND APPLICATION

DECEMBER, 2017

A special fire relief fund has been established under the Ekho Your Heart Program to assist CSUCI students, staff, and faculty recovering from the December 2017 fires that destroyed homes and displaced people throughout Ventura, Santa Barbara and Los Angeles Counties. 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](mailto: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 the December 2017 fires. 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 Fire Relief Fund Committee will meet weekly 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](mailto:HRServices@csuci.edu), Lindero Hall 1804, or 805-437-8490.

# EKHO YOUR HEART FIRE 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. In what way did the fire 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.

2. 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: \_\_\_\_\_