



Coast Federation of Classified Professionals
AFT local 4794

Hardship Fund

Confidential Application for Assistance

Eligibility Guidelines for the Hardship Fund:

- Must be a Member in good in good standing with the Union.**
- Have suffered an EMERGENCY or CATASTROPHIC situation that has caused temporary, sudden and non-recurring financial shortfall (e.g., natural disaster, immediate family crisis, acute illness or injury).**
- Are unable to meet immediate, essential expenses.**

Member's Name _____ Position/Worksite _____

Home address _____ City _____ State _____ Zip _____

Personal email Address _____ (please print)

Best Contact Phone # _____ Work Phone # _____

I hereby state that the information herein provided is true and correct to the best of my knowledge.

(Signature) _____ Date _____

Return your completed Application to the CFCP Union office by:

Mail: CFCP Union Office
Attention: Jamie Crowder
PO Box 3688
Huntington Beach, CA 92605

Total Gift Card Amount Requested (Not to exceed \$350 value): \$ _____

Note to Applicant: CFPCP recognizes that difficult and unexpected circumstances arise, creating hardships for our members. Asking for assistance is a humble challenge, and we commend you for reaching out. As there are limited funds available, we regret that we may not be able to assist all who apply as we are tasked with the difficult process of determining the greatest need among applicants. Please review the additional materials provided for additional sources of assistance. Please keep us informed as your situation changes.

ID #: __ For Office Use Only ID #: _____