



PROCEDURE FOR REQUESTING SAFE ASSISTANCE

In order to expedite requests for assistance from **SAFE**, you are asked to please fill out the attached form **completely** and attach all copies of the bills you wish to be paid. If necessary, attach any additional information. Submit the SAFE loan application to the Staff Benefits Office.

Please note the following:

1. The **SAFE** program was established to assist employees in the event of a financial hardship. Examples of items approved for financial hardships are: **mortgage and rent payments, electricity, gas, water bills, vehicle repairs and car note payments. The program is used to assist with events that are deemed a necessity by the SAFE loan Committee.**
2. Your needs will be presented to the **SAFE** Committee without identifying you to them. It will take approximately ten working days to receive a response from the time your request is submitted.
3. Checks will not be made out to you personally. Checks will only be written to your creditors and you must attach a current copy of your bill or lease. All handwritten bills will need to be notarized.
4. Your **total** loan balance may not exceed \$2,000, including any previous loans.
5. **You may apply ONCE every 3 months. If you are denied you will have to wait the 3 month waiting period before reapplying.**
6. If you terminate or resign employment prior to repaying the loan, the balance of the loan **will be deducted** from your final paycheck and you will be responsible for any remaining balance.
7. **If this loan is granted, payment will begin on the first paycheck after the loan is approved and the minimum payment per paycheck will be as follows:**

TOTAL AMOUNT OF ALL LOANS	MINIMUM DEDUCTION PER PAYCHECK
\$2,000	\$250
\$1,500 - \$1,999	\$125
\$1,000 - \$1,499	\$75
\$500 - \$999	\$50
\$0 - \$499	\$25

Total amount to be deducted per pay check: \$ _____ (cannot be lower than minimum deduction)

Name: _____ (Please print)

Social Security No.: _____ - _____ - _____ SISD ID No.: _____

Phone: _____ Cell Phone: _____

Campus: _____

Department: Child Nutrition Operations
 Transportation Maintenance

BE SURE TO COMPLETE ALL PAGES OF APPLICATION

Spring Assistance for Educators is a corporation supporting Spring ISD staff members in times of severe crisis.

(Revised 10/2015)

REQUEST FOR SAFE ASSISTANCE

A. About You

1) Marital Status: ___Single ___Married ___Separated ___Divorced

2) Number of children whom you support: _____

Age _____	Sex _____	Employed _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Number of people living in your home: _____

4) Date employed by SISD (Ex. 1/1/2010): _____

B. Financial Help Needed for (List amount needed and attach a recent copy of each bill.):

Company	Amount	Why

C. Where else have you gone for help? (Mark those you have tried and the amount of help given, if any.)

1) Church _____	4) Community Agency _____
2) Family _____	5) Other _____
3) Credit Union _____	

D. Monthly Income (after deductions)

1) Your take-home pay per month:	\$ _____
2) Spouse's take-home pay per month:	\$ _____
3) Other income (specify source):	_____
_____	\$ _____
_____	\$ _____
Total Monthly Income	\$ <u>_____</u>

E. Outstanding Debts (Must be filled out completely)

DEBT	COMPANY	TOTAL OWED	MONTHLY PAYMENT	AMOUNT PAST DUE
Mortgage/Rent	ABC MORTGAGE	150,000.00	1,500.00	0.00
Credit Cards	BOFA	2,500.00	125.00	500.00
	CHASE	5,000.00	250.00	800.00
Car Note(s)	DODGE	14,390.00	579.00	0.00
Loans	N/A			
Utilities	Electricity		294.00	0.00
	Gas		27.00	0.00
	Water		35.00	0.00
	Telephone		118.00	0.00
	Cell Phone		290.00	375.00
	Cable		116.00	344.00
Medical				
Other				

Total Owed	<u>171,890.00</u>	
Total Monthly Payments		<u>3,334.00</u>
Total Amount Past Due		<u>2,019.00</u>
Total Monthly Income		2,400.00
Total Monthly Expenses	\$	<u>3,334.00</u>
Total Amount Owed	\$	<u>171,890.00</u>
Total Monthly Payments Overdue	\$	<u>2,019.00</u>

Monthly income must match page 2

