



FINANCIAL HARDSHIP SELF-ATTESTATION FORM

We recognize that unexpected situations can place financial stress on individuals and families. This self-attestation allows you to describe your current hardship without requiring extensive documentation. Your information will be kept confidential and used only to determine eligibility for assistance. *(Your experience matters. This form allows you to share what you're going through in your own words.)*

Applicant information

Full name: _____ Union: _____

Phone number: _____ Email : _____

Home address: _____

City: _____ State: _____ Zip: _____

Current financial hardship

Please check any situations that apply to you. You may select more than one.

- ☐ Reduced work hours or loss of wages
- ☐ Layoff, strike, or work stoppage
- ☐ Serious illness or injury (self or household member)
- ☐ Death of an immediate family member
- ☐ Housing loss, disaster, or unsafe living conditions
- ☐ Caregiving responsibilities impacting income
- ☐ Other unexpected hardship (please describe below)

Your story (Optional but helpful)

In your own words, please share what has happened and how it is affecting you or your household. You may include how long this has been going on and what kind of support would help stabilize your situation.



Immediate needs

What expenses are creating the most pressure right now? (Check all that apply)

- ☐ Rent or mortgage
- ☐ Utilities
- ☐ Medical expenses
- ☐ Transportation
- ☐ Food or household essentials
- ☐ Childcare or caregiving costs
- ☐ Other: _____

Self-attestation statement

I attest that the information shared above is true and accurate to the best of my knowledge. I understand this information will be used to determine eligibility for emergency assistance and will be kept confidential.

Applicant signature: _____ **Date:** _____