



**Snohomish & Island  
County Labor Council Hardship Fund  
CONFIDENTIAL Assistance Form**

*All applications are screened based on funding availability. Priority is given to UNION members who have experienced a financial hardship and needs assistance (for example: eviction notice, gas/power shut off).*

<b>First Name:</b>		<b>Last Name:</b>	
<b>Home Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Union Contact Name &amp; Phone:</b>		<b>Best Phone:</b>	<b>Email:</b>
<b>Union Household:</b>		<i>Please Check Where Assistance Is Needed &amp; Amount Requested</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Rent:	
<b>Union Name &amp; Local #:</b>		<input type="checkbox"/> Utilities:	
		<input type="checkbox"/> Food:	
<b># Of People in Household:</b>		<input type="checkbox"/> Other:	
<b><i>Please be very explicit with your explanation for your hardship and prioritize your greatest needs.</i></b>			
<b>FORM must be filled out COMPLETELY to be considered</b>			
<b>Signature:</b> <i>(If submitting electronically please type your name)</i>			<b>Date:</b>
<b>FOR OFFICIAL USE ONLY</b>			
<b>Notes:</b>			