

# UH SFA Emergency Fund Request

Last Name

First Name

MI

This form can be used to request financial assistance in paying certain expenses incurred due to a qualifying emergency. Allowable expenses must be related to the student's cost of attendance, and include items such as food, housing, course materials, technology, utilities, transportation, health care, and childcare. **After completing all appropriate sections of this form, submit the completed form with all required supporting documentation as one PDF document to your myUH account To Do List.** Directions to upload can be found at [uh.edu/sfaupload](http://uh.edu/sfaupload). Please do not email this document, as it is not secure. Funding is limited, if funds are exhausted at the time a completed application is received, we will be unable to provide assistance.

## STEP 1: Letter of Explanation

Provide a detailed explanation supporting your emergency request below. Please make sure to clearly specify the qualifying emergency (e.g. weather emergency, family crisis, loss of income, etc.) and identify all allowable expenses pertaining to your request as defined above. If you need additional space, please attach a separate typed and signed statement. If you are a dependent student, any attached additional statement must be signed by you and at least one parent. You must include a timeline of events. List all specific dates (e.g. date of loss of job, weather emergency, family crisis).

## STEP 2: Check the reason(s) for this request and attach the required documentation indicated below each option.

LOSS OF INCOME FOR STUDENT, PARENT OR SPOUSE (due to layoff, termination, or reduction of hours):

- Submit documentation from former employer confirming loss of income, date of separation, and amount of severance pay.
- Submit copy of last pay stub from previous job showing year to date earnings.
- Submit copy of most recent pay stub from current job, if applicable.
- Submit a printout of the Texas (or applicable state) Workforce Commission Claim and Payment statement.
- If you are unable to provide these documents, please explain why:

DEATH OF PARENT OR SPOUSE:

- Submit copy of death certificate, obituary, or funeral pamphlet.

OTHER: \_\_\_\_\_

- Submit documentation identifying the situation which has led to the need for emergency funds.
- For medical expenses, submit bills showing what was paid out of pocket and not covered by insurance.  
*\*Note: The FAFSA automatically considers 11% of income for medical expenses. Submitted medical expenses must exceed this allocation.*
- For weather emergencies, attach all possible documentation in the form of photographs, insurance claims and/or FEMA claims submitted.

**STEP 3: Expenses**

If you are submitting this request to cover expenses incurred, please check the appropriate category below and indicate an amount. Please attach copies of each bill to this form, as appropriate:

Category	Amount	Copy of Bill or Statement Attached?	
Housing (i.e. rent, or mortgage)	\$	Yes	No
Utilities: Water	\$	Yes	No
Utilities: Gas	\$	Yes	No
Utilities: Electricity	\$	Yes	No
Utilities: Phone	\$	Yes	No
Food (Estimate)	\$	Yes	No
Childcare	\$	Yes	No
Health care	\$	Yes	No
Course materials	\$	Yes	No
Technology	\$	Yes	No
Tuition/Fees	\$	Yes	No
Other: _____	\$	Yes	No
Other: _____	\$	Yes	No
<b>TOTAL*</b>	\$		

*\*Please note that this will not guarantee you will receive this amount. Determined amounts are based on funding limitations, documented expenses, and funding availability.*

**STEP 4: Certification Statement:** In order to submit your Emergency Fund Request, you and a parent (if you are a dependent student) must agree to the terms listed.

Your signature on this document certifies all the information submitted for review is true and complete to the best of your knowledge. You also certify you understand the Department of Education has the authority to verify and examine the information reported on your application with other federal agencies, commissions, or departments with jurisdiction and authority.

Student Signature: \_\_\_\_\_ Phone or Email: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone or Email: \_\_\_\_\_ Date: \_\_\_\_\_

*Dependent Students Only*