



VILLAGE EMPLOYEE CATASTROPHIC ASSISTANCE FUND

Catastrophic Assistance Policy

For purposes of determining financial assistance, a catastrophe is defined as an emergency requiring help or relief, usually created by an unexpected event beyond the employee's control.

Financial assistance is available for immediate unforeseen circumstances that create undue hardship for the Employee and his/her family if the following criteria are met.

Criteria for Assistance from the Catastrophic Fund

Applicant must be a Full-Time or Part-Time Employee who has worked for the POA for at least one (1) year prior to the date of the incident.

The Applicant must submit proof of hardship via bank statements, past due bills, invoices, etc. They must provide references that can verify an emergency need. They must also submit any other documentation to support the emergency need.

Policies Regarding Financial Assistance

VEBF will retain records for 7 years on the application and the awarded funds.

A Hot Springs Village Employee may receive no more than \$1,000 in assistance in a 12-month rolling period.

Review of Applications for funds and the Determination of an award will be made by a majority vote of then seated board members.

Funds are delivered via check paid to the creditor(s) of the employee in the amount of the award as determined by the Board of Directors.

APPLICATION FOR CATASTROPHIC FINANCIAL ASSISTANCE

Date(s) of Incidence: _____

Name of Applicant: _____

Address of Applicant: _____

City: _____ State: _____ Zip _____

Telephone Nos. _____

Has applicant received assistance from VEBF in the past 12 months? YES NO

Department: _____ Job Title: _____

Supervisor: _____ Phone No. _____

Creditor Information (Add additional pages if necessary and provide statements/invoices)

Name of Creditor	Amount Requested
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Amount of Assistance Requested \$ _____

Provide a statement of Explanation for Requested Assistance. (Use back of page as needed)

Provide copy HSV POA employee ID card. _____

I, _____, acknowledge that to the best of my awareness all information recorded in the application is accurate and true.

Signature

Today's Date

VEBF Use Only. Date application Received _____ By _____

Board Decision: DENIED _____ APPROVED _____ Date _____

Return Application to:

P.O. Box [8503](#), HSV, AR [71910](#)

OR e-mail to: vebfund@gmail.com