

Benevolent Alliance of East Side Employees
 830 N CAPITOL AVE, SAN JOSE, CA 95133 (408) 347-4411 Fax (408) 347-4415
Assistance Request Form

Name _____ Amount Requested _____
see note in box below
 Address _____ Are you seeking: Grant Loan (check one)
 City & Zip _____ Are you a member of BAESE? Yes No
 Site --Select-- _____ Length of District employment? _____ years SSN _____
 Home Phone _____ Are you on a Leave of Absence? Yes No
 Work Phone _____ Best time to call _____

Statement of Needs

continue on another sheet of paper if necessary

Monthly Income

Your net salary: _____ Spouse's net salary: _____
 Other income: _____ Total net monthly income: \$0.00

Monthly Expenses

Rent/Mortgage (1st/2nd) _____ Utilities _____
 Food _____ water phone cell cable tv
 Insurance _____ PG&E garbage internet
 Credit Cards Company _____ Balance _____ Payment _____
 Company _____ Balance _____ Payment _____
 Company _____ Balance _____ Payment _____
 Loans Company _____ Balance _____ Payment _____
 Company _____ Balance _____ Payment _____
 Other debts _____
 Total net monthly debts: \$0.00

Signature _____ Date _____

In most cases when BAESE agrees to assist an applicant, it is our policy not to provide financial assistance to the applicant, but rather to make payments directly to creditors or vendors of needed services. Please provide a detailed list on the table provided on the rear showing the number of separate BAESE checks that you are requesting, as well as the vendor name(s) and amount(s) that should appear on the check(s).

Name to appear on check	Amount	Purpose (rent, airline ticket, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION for the APPLICANT

The Benevolent Alliance has adopted rules to help clarify our mission and to try to specify the conditions under which BAESE will approve requests. The following is an excerpt from our Standing Rules:

1. In keeping with the fiduciary duty of the Board, assistance to applicants may take the form of either loans or grants. Outright grants shall require the approval of a majority of the Directors, including the President.
2. It is recognized that each applicant for assistance will present unique circumstances requiring prudent judgment on the part of the Decision Team in reaching its determination.
3. Circumstances which may support the *approval* of a request for assistance include:
 - 3.1 A life-threatening need on the part of the applicant or a member of applicant's immediate family;
 - 3.2 An unexpected financial calamity which upsets otherwise balanced finances;
 - 3.3 Imminent danger of loss of food or vital medical care;
 - 3.4 Imminent danger of loss of housing or critical transportation;
 - 3.5 Membership in the Alliance prior to making assistance request.
4. Circumstances which may support the *denial* of a request for assistance include:
 - 4.1 Evidence of careless spending or excessive debt;
 - 4.2 Evidence of fraud on the part of applicant;
 - 4.3 Legal bills or judgments;
 - 4.4 Non-emergency quality of life issues;
 - 4.5 Situations in which Alliance financial assistance will only briefly and temporarily forestall the inevitable financial collapse of an applicant;
 - 4.6 Requested amount would deplete Alliance reserves below prudent levels.