

**STATE EMPLOYEES' ASSOCIATION OF NH, SEIU LOCAL 1984  
BENEVOLENCE FUND APPLICATION**

PLEASE READ AND COMPLETE THE ENTIRE APPLICATION. BE AWARE THAT THERE IS A MAXIMUM BENEFIT AMOUNT OF \$500 PER UNION MEMBER. THIS AMOUNT IS SUBJECT TO CHANGE AT ANYTIME DUE TO FUNDS AVAILABILITY.

**THE BENEVOLENCE COMMITTEE IS COMPRISED OF VOLUNTEERS WHO PROCESS APPLICATIONS ON THEIR OWN TIME, PLEASE BE ADVISED THAT ASSISTANCE MAY NOT BE AVAILABLE IMMEDIATELY. PLEASE GIVE THE COMMITTEE TWO (2) WEEKS FOR PROCESSING.**

ANY CALLS OR OTHER CORRESPONDENCE FOR ADDITIONAL COMMUNICATION OR DOCUMENTATION REQUESTED BY THE COMMITTEE MUST BE RECEIVED BY THE COMMITTEE WITHIN 48 HOURS, IN ORDER TO BETTER ASSIST YOU AS SOON AS POSSIBLE. REQUESTS NOT FULFILLED WITHIN 48 HOURS WILL CAUSE YOUR APPLICATION NOT TO BE ACTED UPON.

*SEA Benevolence Fund policy requires us to provide assistance only by paying third parties (i.e. a landlord, utility or oil delivery company); we do not provide funds directly to a member for reimbursement of purchases already completed or for intended purchases of goods or services.*

All of the requested information and documentation **must** be attached to this form or the request **cannot** be processed. A copy of an original invoice, bill, or payment plan coupon (i.e. a monthly billing from PSNH or an oil delivery receipt). *Most utilities and vendors require your permission to release information about your account. If the SEA Benevolence Fund approves your request, you will be asked to contact the service provider to grant permission for SEA to access your account information.*

*(For more than one bill, please copy this form and attach the additional information):*

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home email \_\_\_\_\_ Work Email \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
SEA Member \_\_\_\_\_ Chapter Number \_\_\_\_\_  
Deadline: \_\_\_\_\_ Amount Requested \_\_\_\_\_  
Please explain in detail the circumstances which brought about this need:  
\_\_\_\_\_  
\_\_\_\_\_

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**ATTACH A COPY OF YOUR BILL FOR REFERENCE & CONSIDERATION**

Company Name \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Person \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account Number \_\_\_\_\_ Total Amount Due \_\_\_\_\_