



Employee Relief Fund Application

TAMPA METROPOLITAN AREA YMCA

supplemental documentation detailing amounts).

*please do not provide any medical information, including names of prescriptions.

Legal Name:		Date:
Branch:		Job Title:
Phone #:		
Email Address:		
Address:		
Preferred Method of Comm	nunication:	
What type of assistance	is needed?	
☐ Housing	☐ Groceries	☐ Medical
☐ Critical bill (ie. car)	☐ Utilities	☐ Other
Attach any appropriate do *please do not provide any	cumentation that will sup	luding names of prescriptions.
Describe specifically what	is needed, how much, and	d duration (i.e. rent/mortgage, power, water, medicine, etc. along with

Employee Relief Fund Application (continued)

If requesting financial assistance, how much is needed and by what date?			
Amount Needed:			
Date Needed:			
Signature of applicant:	Date:		
Please complete the application and email it to ERF@tampaymca.org. We will review your application and follow-up with you within one week. Please include your contact information so you can be reached.			
Staff reviewing request:	Date Reviewed:		
Signature of additional tier approvers (if applicable):			
For Office Use Only:			
Date request approved:			
Amount approved:			
Date approval communicated to requesting employee:			