

# CLUB OF HEARTS, INC.

## EMPLOYEE EMERGENCY FUND APPLICATION FIRES AND NATURAL DISASTERS (RETIREE)

(Use this form to apply for emergency cash for fires or other natural disasters.)

### **GENERAL INFORMATION**

Recipient's Name		Retiree's Name and Relationship to Recipient	
Recipient's Home/Cell Phone Number	Date of Retirement (Month and Year)	Age at Retirement	
Recipient's Full Home Address	Number of Years of Service Earned in Southern Company Pension Plan	Company Retired From	
List names of Spouse, Dependent Children and Other Household Members living with you			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Is your spouse a Georgia Power or Southern Company employee or retiree? <input type="checkbox"/> No      Yes      Not Applicable			

### Application Instructions

SUBMISSION OF AN APPLICATION IS NOT A GUARANTEE OF BENEFITS. ANY AWARD OF BENEFITS IS SUBJECT TO THE ABSOLUTE DISCRETION OF THE CLUB OF HEARTS, INC. ALL APPLICANTS WILL BE NOTIFIED IN WRITING OF THE CLUB OF HEARTS BOARD'S DECISION TO APPROVE/DENY THE REQUEST. IF THE SUBMITTED APPLICATION IS NOT COMPLETE, IT WILL BE DENIED. PLEASE SEE THE CLUB OF HEARTS' EMPLOYEE EMERGENCY FUND GUIDELINES FOR MORE INFORMATION ABOUT ELIGIBILITY AND THE APPLICATION REVIEW PROCESS.

In applying for Employee Emergency Fund assistance, the Club of Hearts management and board **may** need to ask additional questions about your personal situation to make an informed decision. We also reserve the right to obtain additional information from the applicant, or other sources, while reviewing the request in order to verify the reported employee need/emergency.

Carefully review these guidelines as they are part of the application.

**Please follow the directions below in completing your application.**

1. Completely fill out the application, including all information regarding family members (or others such as live-in companions) living with you, and submit the completed and signed application along with **copies** (not originals) of the following:
  - Documentation regarding your emergency situation (i.e. **copy of local fire department report showing proof of fire, etc.**) and what caused it.
2. Return the application with all supporting documentation to Club of Hearts using one of the ways listed below:

**Mail to:** Club of Hearts  
Bin 10196  
241 Ralph McGill Blvd.  
Atlanta, GA 30308-3374

**Scan/email to:** [clubhear@southernco.com](mailto:clubhear@southernco.com)

**Fax to:** 404-506-7670

**EMPLOYEE EMERGENCY FUND APPLICATION – FIRES AND NATURAL DISASTERS (RETIREE)**

<b>Date of Application</b>		<b>Have you or any of your dependents ever received EEF funding?</b>
Total Amount Requested (maximum amount is \$2,500)	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please tell us when and why?
<p><b>NOTE:</b> Emergency cash requests of up to \$2,500 may be granted for the specific purpose of covering immediate expenses associated with fires, tornadoes or other acts of nature. Any request for additional funds to cover expenses associated with the event must be submitted via the General Employee Emergency Fund Application (Retiree) within sixty (60) days of submission of this Employee Emergency Fund Application – Fires and Natural Disasters (Retiree) and be approved by a majority of the Club of Hearts Board of Trustees.</p>		
<p><b>Describe the recent catastrophic event that caused the financial hardship and the resulting expenses. Be as detailed as possible with the description.</b></p>		

**NOTE:** Any recipient of an emergency cash contribution of up to \$2,500 shall be required to provide a summary of expenditures and supporting receipts to Club of Hearts **within thirty (30) days following the date of disbursement** to ensure Club of Hearts remains in compliance with federal laws governing nonprofit organizations. Recipients are required to return any funds that have not been used for the purposes for which they were granted.

**Please initial that you have read and acknowledge your understanding of these requirements before applying.**

\_\_\_\_\_ I agree to abide by these requirements.

**Declaration of Truth**

I declare under penalties of perjury that I have examined this Employee Emergency Fund Application – Fires and Natural Disasters (Retiree), including any accompanying schedules and statements, and to the best of my knowledge and belief, such documents are true, correct and complete. Furthermore, I understand that if I have knowingly provided any false information, the situation will be turned over to the appropriate company entities for further investigation and action.

**If I receive a cash contribution for immediate expenses, I also agree to provide a summary of expenditures and supporting receipts to Club of Hearts within thirty (30) days following the date of disbursement. In addition, I understand I am required to return any funds that have not been used for the purposes for which they were granted.**

\_\_\_\_\_  
Recipient/Retiree Signature

\_\_\_\_\_  
Date