MALNOVE
EMPLOYEE ASSISTANCE FUND

A 501 (3) (c) Nonprofit Benefitting Malnove Associates in Times of Need

Malnove Employee Assistance Fund
Application for Assistance

Directions: Please print all responses in legible handwriting or enter responses digitally. Once completed, submit your application by email to meaf@malnove.com or to your local HR Manager. Please attach any supporting documentation when submitting your application.

Applicant Information

Date of Application: _____

Applicant's Full Legal Name: _____

Address: _____

_____

Phone Number: _____ Employee ID: _____

Job Title: _____ Shift: _____

Malnove Location: _____

Best way to contact you if more information is needed: _____

Have you been employed at Malnove for at least 6 months?	☐ Yes	☐ No
Are you currently employed by Malnove?	☐ Yes	☐ No
Is this application for you, an employee of Malnove?	☐ Yes	☐ No

Revised August 2026

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Hardship Overview

Please use the space below to share information about what created the hardship and the impact to your family. Consider including a brief overview of the financial hardship, relevant information, additional circumstances, and any other pertinent details. Please submit supporting documentation along with your application when possible (receipts, medical bills, utility bills, work estimates, etc.). Attach additional pages if needed.

Total Requested Funding Amount (Max: $5000): _____

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1. **Income Sources**

   Please list any sources of income that you or your spouse/partner receive. Examples: pension, government assistance, unemployment, disability, social security, child/spousal support, rental income, etc.

Source of Income	Frequency (Weekly, Bi-Weekly, Annually)	Amount
Employee Income		
Spouse/Partner Income		
	Total	

2. **Income Deductions**

   Please list any deductions that come directly from your paycheck. Examples: 401(k), insurance, garnished wages, etc.

Deduction	Frequency (Weekly, Bi-Weekly, Annually)	Amount
	Total	

3. **Assistance**

   List any assistance you have received or are expecting to receive that offset the above expenses. Examples: insurance payout, Red Cross assistance, FEMA benefits, or other hardship-related assistance.

Source of Funding	Received or Expected	Amount
	Total	

4. Directly-Related Expenses

List any expenses you incurred that were directly related to the hardship. Examples: Temporary housing, costs to reduce ongoing damage (damage mitigation), generators, immediate clothing and food needs, uninsured/significant damage to home, lost assets, non-routine medical bills not covered by insurance, and other unexpected costs. Please attach a separate itemized list if needed. Include receipts for these expenses when possible.

Expense	Frequency (One Time, Weekly, Etc.)	Amount
	Total	

5. Dependents

List all dependents (a person, typically a child or relative, who relies on you for primary financial support, such as food, shelter, and clothing).

Name	Relationship to Applicant	Age

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Certification Statement

I hereby certify, to the best of my knowledge, that the information contained in this application is true, correct, and complete, and that I am requesting assistance only for amounts that are not reimbursable by insurance or other sources. I agree to give further proof of the information I have provided on this application if requested to do so.

I understand that the Malnove Employee Assistance Fund and Malnove maintain reasonable and appropriate administrative, technical, and physical safeguards to protect employee personal information from loss, misuse, unauthorized access, disclosure, alteration, and destruction. I consent to the use of my personal information, and that of my minor dependents, by a limited number of authorized people affiliated with the Malnove Employee Assistance Fund or Malnove, to assess my application and to process award payments where applicable.

By writing or typing your name below, you acknowledge and agree that it serves as your electronic signature.

_____ _____

Applicant Signature Date