

MUTUAL SUPPORT APPLICATION

OUR PHILOSOPHY:

The role of the Mutual Support Committee is to help AFSCME members honor the strike by withholding their labor from the University. We hope to alleviate financial stress in a fair, confidential and respectful process.

WHAT'S COVERED?

Current and future bills including: childcare, transportation and basic utility bills, i.e., electricity, water, gas, garbage, phone, partial mortgage and rent. Vouchers for gas and groceries are available on an as needed basis. Emergencies outside of the criteria will be individually reviewed. *Based on the available funds, we reserve the right to alter the criteria.*

WHAT'S NOT COVERED?

Cable, internet, and credit card payments.

HOW DOES THIS WORK?

At this time financial assistance is based on donations, and cannot be a replacement of total wages. Please be creative— if you have a bill that is not covered, that you must pay, submit a bill that meets the criteria to free up funds.

PROCESS:

Please complete the attached form and attach copies of the bill(s) you wish to be paid and the service provider envelope. Please submit the application to your picket captains, Strike Headquarters or one of the committee members. Checks will be disbursed directly to the service provider. If payment is automatically withdrawn, please contact your service provider to cancel the automatic withdrawal and ask for a hardcopy bill.

You will hear from a committee member throughout the entire process.

YOUR COMMITMENT:

It is our hope that people seeking aid will continue to honor the strike until its completion.

APPLICATIONS WILL BE PROCESSED ON-GOING DURING THE STRIKE.

MUTUAL SUPPORT APPLICATION

Union Member: _____ 3260 3800 3801 3937
Name Last First Initial

Appointment Type: 12 months 10 month Other _____

Home Address: _____
 No. & Street Apt # (if applicable) City State Zip

Non-U Phone #: _____ Non-U email address: _____

Number of dependents: _____

Type of Assistance Requested: Housing Utilities Transportation Childcare Other

Briefly describe your most urgent need. As more funds become available, we may provide further assistance. Please attach your bill. Payment is made directly to the service provider.

Amount Requested: _____

Additional Info: _____

Signature: _____ Date: _____

For questions call 612-281-9010 or email: kmanegots@yahoo.com

Confirmation of receipt will be sent to you via email or phone call.

Internal Use Only:

Date Received: _____ Confirmation: _____ Processed: _____ Disbursement
made: _____

Amount: _____ Paid to: _____

Address if other than above: _____