



**ADVENTIST HEALTH FIRE ASSISTANCE FUND  
APPLICATION**

<b>APPLICANT NAME</b>	<b>PERSONAL EMAIL ADDRESS</b>
<b>ASSOCIATE ID # (if applicable)</b>	<b>JOB TITLE</b>
<b>ADDRESS FOR MAILING A CHECK IF APPROVED</b>	<b>HOME PHONE</b>
<b>CITY, STATE, ZIP CODE</b>	<b>DEPARTMENT</b>
	<b>\$ AMOUNT REQUESTED</b>

AH Associate   
 Partner Organization Associate   
 Volunteer   
 Physician

Describe your reason for applying for an emergency fund support and what steps you have taken to find other resources to address the matter. Include any documentation available to support your request and explanation. (Attach separate sheet(s), if necessary):

Are you related to a Senior Executive, Officer or Board Member of either Adventist Health or any of its Facilities?  Yes  No

If yes, what is the name and relationship?

Did you lose your home in this fire? If so, please indicate whether you owned or rented your home:

Lost the home I owned   
 Lost the home I rented   
 Did not lose my home

When are funds needed? Approved funds will be distributed via direct deposit. If it is necessary to receive your funds by check, please note that in this application, and know that the typical wait time for receiving your funds will increase.

List approximate monthly household income (including spouse and/or other sources of income)

\$

Do you have home owners or other insurance that may cover loss

Yes   
 No

For the purpose of obtaining this herein requested support from the ONE Adventist Health Fire Assistance Fund. Only the undersigned warrants the truth and accuracy of the foregoing information. I also agree that this confidential application shall remain the property of AH whether or not the support is awarded.

**APPLICANT'S SIGNATURE**

**DATE**

*Please return completed form to [giving@ah.org](mailto:giving@ah.org)*

\*\*\*\*\*FOR FUND APPROVAL COMMITTEE USE ONLY\*\*\*\*\*

Reviewed by (staff initials):

On date:

Recommendation:

Manager/Supervisor Support signature:

If applicable, amount of disbursement: \$

Date of disbursement or other action: