**Hardship Fund**

**Decision Letter – DENIAL**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Your application to the Hardship Fund was reviewed carefully by the Decisions Team of the Hardship Committee. Unfortunately, your request for funds was denied.

Our decision was based upon the following:

□ You are currently ineligible for hardship assistance because of the level of your post-strike monthly income. No member will be able to receive more in hardship funds than their take-home LSNYC salary plus non-standard paycheck deductions (e.g. direct pay, direct deposit, and pension loan repayment) minus strike benefits and additional monthly income obtained since the strike.

□ Your liquid savings exceed the level of protected savings for your household size/composition.

Protected level of liquid savings for your household size/composition (with explanation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of liquid savings we counted for you (with sources/explanation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Savings spend-down: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Based upon the information you provided in your application, your high priority expenses are less than your monthly household income + savings spend-down (if any).

Total household income we counted for you (with sources noted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Based upon the information you provided in your application, the following expenses were identified as HIGH PRIORITY.

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| Expense & Amount | Notes |
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| Total Amount:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Based upon the information you provided in your application, the following expenses were identified as LOW PRIORITY. This means that you either did not provide proof of the expense, did not explain any special circumstances that would make the expense necessary, and/or did not sufficiently describe any steps taken to reduce the expense.

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| Expense & Amount | Notes |
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| Total Amount:  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

If your circumstances have changed, or if you have documentation or information to further explain some of the above expenses, we encourage you to resubmit your application.

Please also note that this decision has already been reviewed by the Executive Committee. If you wish to appeal directly to the Executive Committee for a second review, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In Solidarity,

The Hardship Committee