Jonathan Smith Emergency Fund Application

Mission Statement

To provide financial assistance to active members of the Community in times of financial hardship regardless of race, religion, national origin, age, gender or sexual orientation.

Dear Applicant,

Attached you will find the application for the Jonathan Smith Emergency fund of the Empire of the Royal Sovereign and Imperial Court of the Single Star, Inc. (ERSICSS) It is important that the application is filled out honestly and completely so that both your financial needs and civic/community contributions can be evaluated fairly.

To be eligible for the Jonathan Smith Emergency Fund, the candidate must:

- 1. Provide proof of residency of Harris County, TX or any contiguous county of the State of Texas for the past year
- 2. Demonstrate financial need or financial hardship
- 3. Furnish evidence of community involvement (i.e. civic, LGBT, school, church, etc.)

REQUIRED: Submit 1 complete copy of the completed application, along with documentation of your financial hardship or financial need referenced in your application.

REMINDERS: (1) All requirements above must be met and all attachments must accompany the application or you will not be considered; (2) Please ensure that your name appears on the top right corner of all application pages submitted or included as part of the address line of any correspondence sent to you which may form the basis of your financial need or hardship; (3) Do not submit a photo, unless it is related to your financial hardship or need.

Completed applications for consideration of the Jonathan Smith Emergency Fund must be mailed to:

ERSICSS Board of Directors Attn: Jonathan Smith Emergency Fund P.O. Box 980444 Houston, TX 77098-0444 A committee comprised of a representative of the current ERSICSS Board of Directors, Michael G. Clayton, Larry Castillo and 2 representatives selected by the current membership. If the committee finds warrant to your request for financial assistance you will be notified by phone and/or electronic media to notify you that your application has been accepted. The committee will review applications and may request additional information. The committee will also determine the award amount and has final authority in the determination of the award. Any funds awarded will only be paid to businesses and institutions (i.e. utility company, landlord, creditors, medical provider, etc.) and under no circumstance will the award be given directly to the applicant.

For further information, please click on the link for the JSEF page at www.ersicss.org or the physical address listed above.

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The Jonathan Smith Emergency Fund is a program of the Empire of the Royal Sovereign Imperial Court of the Single Star, Inc. (ERSICSS); a straight and LGBTQ social service organization founded in 1984 in Houston, Texas. This fund was created in January 2019 in order to assist active members of the community in times of financial hardship. The Jonathan Smith Emergency Fund in no way discriminates against anyone based on race, religion, creed, national origin, age, gender or sexual orientation.

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Emergency Reason:								
Amount Requested:								
Legal First and Last Name								
Current Address								
City, State Zip								
Home Phone Number								
Personal Email Address								
Dependents living with you? If YES, how many?								
Currently employed? Circle appropriate responses	YES	NO	NO		Full time			Part Time
Employer*								
Employer Address								
Phone								
Net Monthly Income	\$			Other sources				
Monthly Expenses	Rent	Own	Other	\$				
Utilities \$	Insura	Insurance			Other		er	\$
Are there any other financial application? (Please attach a to show financial needs. Please	dditiona	l pages	outlini	ng yoi	ır financial k	ıardsh	nip and/c	or documentation

FOR INTERNAL USE ONLY:	
	e committee contact your employer for any reason. This informatio sh a baseline for the amount requested.
Applicant Signature & Date	
Committee Member Signature & D	te