



United Way
of Greater St. Louis

**BOYD GAMING TEAM MEMBER CRISIS FUND
CONFIDENTIAL APPLICATION FOR ASSISTANCE**

- Please **PRINT** clearly.
- In order for this request to be processed you **must** attach copies of supporting documents as described below.

Team Member Name: _____ Team Member ID #: _____

Name of Boyd Property: _____

Job Title: _____ Dept: _____ Hire Date: _____

Current status with Boyd Gaming Corporation (*please check one*):

Full time Team member: _____ Part time Team member: _____

Home Phone: _____ Work Phone: _____

Home Address: _____

Team Member email address: _____

Sex: Male / Female Birth Date: _____ / _____ / _____ Married/Single/Divorced No. of children: _____

What are the ages of the children living at the above address? _____

Do you have any disabilities relevant to this application? If so, please list:

Reason for financial need: _____

Describe the details of your situation: (*use back of page, if necessary, to describe hardship in detail; feel free to attach additional sheets*)



United Way
of Greater St. Louis

**BOYD GAMING TEAM MEMBER CRISIS FUND
CONFIDENTIAL APPLICATION FOR ASSISTANCE**

Amounts Requested: *(Please note: \$1,000.00 is the maximum amount that may be granted per Team member per 12-month period.)*

\$ _____ Payable to: _____

Mail the payment to vendor or United Way will call you when the check is ready for pick up

\$ _____ Payable to: _____

Mail the payment to vendor or United Way will call you when the check is ready for to pick up

\$ _____ Payable to: _____

Mail the payment to vendor or United Way will call you when the check is ready for pick up

1. Please remember to submit a copy of the bill, to mail with your payment
2. Please remember to give us your current contact information

In order for this request to be considered by United Way of Greater St. Louis, **you must attach copies of supporting documents** indicating the assistance needed, such as *eviction notices, shut-off notices, medical bills, past-due invoices, payment plans, etc.*

If the bill is being paid to anyone other than a Corporation (i.e., generally rent), **you must obtain and include a Form W-9** (Taxpayer ID), so that United Way can issue a 1099 to the individual, per IRS regulations.

Have you requested help from other sources? *(Churches, charities, public assistance, union assistance, UW 2-1-1, etc.)* If so, please list:

Monthly income: _____ Other sources & amounts of income *(spouse, alimony, etc.)*: _____

Available savings: _____

Monthly Rent / Mortgage: _____ Car payment: _____ Car insurance premium: _____

Monthly utilities *(please list amounts & companies)*: _____

Misc. Expenses *(please list amounts & companies)*: _____



United Way
of Greater St. Louis

**BOYD GAMING TEAM MEMBER CRISIS FUND
CONFIDENTIAL APPLICATION FOR ASSISTANCE**

Do you give permission for Boyd Gaming Corporation to provide United Way of Greater St. Louis with your team member related information that is relevant to this Application for Assistance, including confirmation of your hire date, your current employment status, your health/medical benefits, your personal leave status (if applicable), and your IRS Form W-2 for your most recent tax year? As with all other information found in this Application for Assistance and documentation required to be provided with this Application for Assistance, United Way of Greater St. Louis will only use such information to evaluate this Application for Assistance, and will not share such information with any third party.

Yes _____

No _____

I hereby authorize Boyd Gaming and the United Way of Greater St. Louis to use any Protected Health Information (PHI) that I have provided to make a decision regarding this application to the Crisis Fund. I understand that any unpaid bills I provide may include PHI. This information will only be used to assess my qualification to receive a grant from the Crisis Fund. All applications and supporting documentation will be maintained in a confidential and secured file.

By signing below, I acknowledge that all of the information provided in this Application for Assistance is true and complete.

Team member Signature: _____ **Date:** _____

How many additional sheets are being submitted with this application? _____