



2018 IATSE LOCAL 600 Hardship Fund Application

In late 2016, the National Executive Board of Local 600 allocated \$30,000 to establish a fund to be used to assist Local 600 members in need. In January of 2017, the Board adopted specific criteria and guidelines for a Pilot Hardship Fund Program. In October of 2017, the program was expanded to include additional hardships. Because of those actions, Local 600 members may now request a Local 600 Hardship Grant when they experience serious financial hardship as the result of an injury, illness, or a manmade or natural disaster which prevents them from working. Members may request need-based grants of up to \$10,000. Members may seek additional grants, each separated by at least one (1) year, but may not receive more than \$20,000 from the program over their membership lifetime. **Detailed documentation is required upon application.** This program is being jointly administered by Local 600 and The Actors Fund. An additional Actors Fund application may also be required.

Member Eligibility:

- A member must experience either (1) an extreme catastrophic injury or illness which prevents that member from performing covered work or (2) a severe workplace injury while engaging in Local 600 covered work which prevents that member from performing covered work or (3) a manmade or natural disaster which prevents that member from performing covered work;
- This illness, injury or disaster must also prevent the member from performing covered work for at least six (6) months;
- As a result of the illness, injury or disaster the member must experience a verifiable financial hardship.

Member Information:

Name: _____ Last 4 of SSN or Member ID: _____

Contact Information:

1. Residence Address: _____
City: _____ State: _____ Zip Code: _____
2. Mailing Address (if different): _____
City: _____ State: _____ Zip Code: _____
3. Country (if outside of the USA): _____
4. Home/Cell Phone: _____ 5. Email Address: _____

Requested Amount: \$ _____ (You must include copies of the bills/notices/repairs for which you are seeking the Hardship Fund grant along with your application submission. If documents are not available, please provide explanation below.)

Please explain the nature of your illness, injury or disaster and its impact (use a separate sheet if necessary):

To be eligible for the Local 600 Hardship fund, the applicant must meet the following criteria:

1. Currently be experiencing one of the three (3) Hardship Standards.
2. Be member of Local 600 in good standing for at least two (2) continuous years at the onset of the qualifying illness or injury.
3. Have at least \$25,000 of covered earnings over the previous five (5) years
4. Identify (and provide a physical copy of) one or more specific obligations that the grant would be used to satisfy. For example: a past due rent/mortgage payment; a past due medical bill; COBRA payments for medical coverage, estimates for home repairs etc.
5. Submit documents to evidence the Hardship Standard such as a physician’s note attesting to the nature and expected duration of the serious medical condition or an insurance claim or FEMA certification detailing the effects of the disaster. For workplace injuries, the member must also submit the worker’s compensation application (with proof of filing) and any related documents.

Officers of the Guild (which includes for this purpose an IATSE Delegate) or employees of the Guild who are members are ineligible for application. Such prohibition shall continue for twelve (12) months from the end of such term or tenure.

Submit Applications & Documentation to:

Local 600 Social Services Department
c/o Debra Bard
7755 Sunset Blvd.
Los Angeles, CA 90046
or email at dbard@icg600.com

Member Affidavit:

By signing this form below, I acknowledge that I have read the conditions and requirements for The Local 600 Hardship Fund (listed above). I also understand that while I am unable to work as certified by my treating physician, or because of a disaster that has negatively impacted my circumstances, all work under Local 600 jurisdiction (union and non-union) must cease and I will not be eligible to be placed onto the Available List.

Furthermore, I understand that I can receive up to, but not more than, \$20,000 during the lifetime of my membership. I understand that Hardship grants are presented to the deciding body without identifying personal information and are granted solely at the discretion of the seven (7) National Executive Officers in accordance with the above stated Hardship Standards. A new application, letter from my physician, evidence of the impact of a disaster, and other supporting documentation will be required for any future Hardship Grant requests. I understand that if my claims are found to be fraudulent by Local 600 all Hardship grant monies will be charged back in full.

Member Signature _____ Date _____

Received By _____ Date _____