TLC4TEACHERS

EDUCATOR EMERGENCY ASSISTANCE APPLICATION

Supporting Educators Beyond the Classroom

TLC4Teachers offers limited emergency assistance to educators experiencing financial hardship, with priority given to utility emergencies and housing displacement. Applications are reviewed based on eligibility, documented need, urgency, and available resources. Assistance is not guaranteed.

Instructions: Print, complete, sign, and mail this application with copies of the required supporting documents.

1. APPLICANT INFORMATION

Full Name: _____

Address: _____

Phone: _____

2. EMPLOYMENT INFORMATION

School Employed: _____

School District: _____

Are you a certified teacher? ☐Yes ☐No

How long have you been teaching? ☐Less than 1 year ☐1–5 years ☐6–15 years ☐More than 15 years

Employment Status: ☐Full-time ☐Part-time

3. HOUSEHOLD INFORMATION

Number of household members: ☐ 1 ☐ ☐3–4 ☐5 or more
2

Number of dependents: ☐ 0 ☐ ☐2–3 ☐4 or more
1

Monthly household income before taxes:

☐Under $2,000 ☐$2,000–$3,500 ☐$3,501–$5,000 ☐Over $5,000

4. EMERGENCY ASSISTANCE REQUEST

Select ONE primary need:

☐Utility assistance (electric, water, or pending disconnection)

☐Housing displacement (eviction, foreclosure, or loss of housing)

☐Emergency financial hardship affecting basic household stability

☐Other immediate housing or utility emergency

Amount currently owed: $_____ Date assistance is needed: _____

Have you received a formal notice? ☐Yes ☐No

5. OTHER ASSISTANCE RECEIVED

Have you applied for or received assistance for this same emergency?

☐Received assistance ☐Application pending ☐Denied ☐Have not applied

Where have you sought assistance?

☐School district assistance ☐ 211 or community assistance agency

☐Nonprofit or faith-based organization ☐ Government assistance program

Has any portion of this expense been paid? ☐Yes, fully ☐Yes, partially ☐No

Remaining balance: $_____

6. BRIEF DESCRIPTION OF EMERGENCY

In a few sentences, explain your current hardship and why assistance is needed.

_____

_____

_____

7. REQUIRED DOCUMENTATION

Please attach copies of applicable documents:

☐Proof of current school employment ☐Recent pay stub or income verification

☐Utility bill or disconnection notice ☐Eviction or foreclosure notice

☐Other documentation of emergency

8. CERTIFICATION

I certify that the information provided is accurate and understand that submitting this application does not guarantee assistance. I authorize TLC4Teachers to contact me regarding my application and verify relevant information when necessary and with appropriate authorization.

Applicant Signature: _____ Date: _____

MAIL COMPLETED APPLICATION TO

TLC4Teachers | Attn: Educator Emergency Assistance Program

Mailing Address: 3301 N University Dr Suite 100 Coral Springs, FL, 33065

Thank you for the work you do every day. We believe educators deserve a community that supports them when they need it most.

TLC4TEACHERS | Supporting Educators Beyond the Classroom