# LOSS OF INCOME WORKSHEET 

## PART 1—PARTICIPANT INFORMATION

Participant Name

## PART 2-WORKSHEET

A. Weekly Pay Times Weeks Unemployed:
$\$$
B. Unemployment Benefits Times Weeks Received:
C. Amount of Loss of Income at Time of Application:

- \$
$=\$$ $\qquad$
D. I request that $\qquad$ (maximum of four) additional weeks of lost income, as calculated above, be added to the distribution because I expect to be unemployed for at least that long.

The additional amount for future weeks is:
E. Total amount of distribution requested:
$+\$$ $\qquad$
$=\$$ $\qquad$
NOTE: Attach copies of your last two paystubs from your employer, before your unemployment, along with your most current statement of account of your unemployment insurance benefits (if applicable).

## PART 3-CERTIFICATION

Calculated in Part 2 is the amount needed to relieve my hardship as a result of the loss of income I have incurred following the disaster declared by the Federal Emergency Management Agency in a geographic area in which my principal residence or principal place of employment is located for which individual assistance is made available.

I understand that this document will be relied upon by the Board of Trustees. By signing above, I certify to the Board of Trustees that the information above is true and accurate.

X
Participant Signature
Date

