MINNESOTA NURSES ASSOCIATION
345 Randolph Avenue #200
St. Paul, MN 55102
651-414-2800 / 800-536-4662
651-695-7000

STRIKE FUND DISBURSEMENT APPLICATION
(for Hardship)

CONFIDENTIAL - DO NOT DUPLICATE COMPLETED FORM

Definition of financial hardship: For the purposes of MNA Strike Fund distribution, "financial hardship" will be recognized only in the event that all other avenues of relief have been exhausted. The member requesting funds from the Strike Fund is responsible for documentation which shows that not receiving funds would cause a permanent burden financially or the member is unable to provide necessities to themselves or dependents.

1.　Name _____

2.　Address _____

　　City/State/ZIP _____ Phone _____

3.　Employer _____

4.　Date of last paycheck _____ Authorized hours per pay period _____

5.　Type of health insurance: ☐ Family　　☐ Single　　☐ Single + 1

6.　Premiums paid by (check all that apply): Self ☐　　Spouse ☐　　Non-custodial parent ☐

7.　Number of dependents age 18 or less _____ Ages _____

8.　Gross household income per month pre-strike (attach verification of amounts):

　　Self _____ Spouse _____ Other _____

9.　Gross household income per month during strike: Self _____ Spouse _____ Other _____

10.　Have you depleted your savings/investments?　Yes ☐　　No ☐

11.　Have you sought other work?　　Yes ☐　　No ☐

12.　Have you found other work?　YES ☐　in nursing ☐　ourside of nursing ☐　　NO ☐

　　If no, please explain: _____

13.　Detail any other actions taken to secure funds: _____
_____

14.　Amount requested: _____　15.　List any extenuating circumstances which justify this as an extreme hardship: _____
_____
_____

I certify under penalty of perjury that the information contained in the application is true and correct to the best of my knowledge and belief and that I have made no material omission or misrepresentation.

16.　Signature of applicant: _____
　　(Strike fund disbursements may be considered taxable income. Consult with your tax advisor.)

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FOR MNA USE ONLY

Signature of local Strike Fund Committee Chairperson _____

Date _____ Amount recommended _____

Signature of Board Sub-Committee Chairperson _____

Date _____ Amount authorized _____