Family Services
Changing Lives. Every Day.

Washington Mutual Alumni Emergency Assistance Program
Application Form for Family Services

PERSONAL INFORMATION

DATE OF APPLICATION: ____/____/____

Name: .....
Last First Middle

Street Address: .....
Street (Apt) City, State Zip

Mailing Address: .....
Street (Apt) City, State Zip

Telephone Numbers: ( ) ( ) .....
Home Telephone Mobile

Best Time(s) to call:

❑ Monday:	❑ Anytime	❑ 8:00 am - Noon	❑ Noon - 4:00 pm	❑ 4:00-8:00 pm
❑ Tuesday:	❑ Anytime	❑ 8:00 am - Noon	❑ Noon - 4:00 pm	❑ 4:00-8:00 pm
❑ Wednesday:	❑ Anytime	❑ 8:00 am - Noon	❑ Noon - 4:00 pm	❑ 4:00-8:00 pm
❑ Thursday:	❑ Anytime	❑ 8:00 am - Noon	❑ Noon - 4:00 pm	❑ 4:00-8:00 pm
❑ Friday:	❑ Anytime	❑ 8:00 am - Noon	❑ Noon - 4:00 pm	❑ 4:00-8:00 pm

Email Address: .....

How did you learn about our program?

Approximately when did you start working at Washington Mutual? (mo/yr) ____/____

Last Position Held at WM/Chase: _____ **Termination Date:** ____/____/____

Please check the box(es) that best describe your need for assistance:

Trouble covering expenses for: ❑ Medical care ❑ Food ❑ Housing ❑ Child Care ❑ Job hunting
❑ Transportation ❑ Utilities ❑ Other (Please specify): _____

Amount of assistance requested (maximum $500): _____

PLEASE INCLUDE COPIES OF YOUR FINAL PAY STUB AND YOUR TERMINATION NOTICE FROM JP MORGAN CHASE ALONG WITH YOUR COMPLETED APPLICATION AND MAIL TO:

WM Alumni Emergency Assistance Fund
P.O. BOX 221007
Seattle, WA 98122-0

You will receive an email response if you meet the minimum eligibility criteria noted on our web site. Following that, you will be sent a phone appointment time to meet with Family Services.