



## AIDE Association Application for Assistance

This application is for requesting assistance from the AIDE Association for current or recently retired Washington Department of Licensing (DOL) employees. Requests for assistance can be completed by the applicant or on behalf of any permanent DOL employee.

Applications are reviewed by our AIDE Association’s Employee Relief Fund review panel on a first-come, first-served, and case-by-case basis. Applications will remain confidential throughout the process. All submitted applications for assistance will receive an email response with an approval or denial determination.

To qualify for assistance, you must be a current or recently retired DOL staff member, and the following must be true:

- Completed probationary period and are a permanent state employee or were a permanent state employee at the time of your retirement.
- Have not been approved for assistance from the AIDE Association within the last 12 months.
- Are not currently carrying a balance on an existing no-interest loan from the AIDE Association.

Return your completed application via email to [aideassociation@outlook.com](mailto:aideassociation@outlook.com).

**For this form to function correctly, please download a copy to your device before attempting to complete it.**

### Applicant Information

\_\_\_\_\_ Date of application  
DOL employee’s name

\_\_\_\_\_ Personal phone number  
Personal email

\_\_\_\_\_ County of residence  
City of residence (street address may be requested, if required.)

### Employment Information

What is your employment status? ..... Permanent Non-Permanent

\_\_\_\_\_ Supervisors name  
Years with DOL Unit Division

Are you filling this out on behalf of another employee? ..... Yes No  
If Yes, provide the name and contact information of that employee.

\_\_\_\_\_ Personal phone number or email  
Name

**Assistance Information**

**What service are you requesting?**

Our services come in the form of financial assistance (no-interest loans and grants) and Gifts of Service (calling in AIDE to help when a task is above your means). Grants are infrequently issued, due to the funding levels in the Employee Relief Fund, most financial assistance offered will be in the form of a no-interest loan.

Financial assistance                      Gift of service

Current financial assistance maximum (if funds are available): \$3,000.00.

When a loan or grant is approved, the AIDE Association will make direct payments to creditors **only**. We will attempt to pay your creditors electronically. If we are unable to do so, we will write checks, made payable in the creditor's name only (landlord, utility company, auto shop, etc.). Checks require additional processing time and information, so please factor this in when applying.

The most common financial assistance we provide is no-interest loans; thus, ongoing repayment will be required. If approved, you will need to complete a payroll contribution form for your payments to be directly deducted from each of your checks until your balance is repaid in full.

**Creditor Information**

When requesting financial assistance, we ask that you provide creditors to whom AIDE will make payments on your behalf. Please provide only the business name and amount owed to the creditor.

If Financial Assistance is requested, include the creditors that you would like AIDE to pay on your behalf. Provide names and amounts owed only, **no account numbers**.

_____	_____
Creditor name	Amount Owed
_____	_____
Creditor name	Amount Owed
_____	_____
Creditor name	Amount Owed
_____	_____
Creditor name	Amount Owed

Please provide detailed facts about this request in the space below. If you need more space use page 3.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Has personal insurance coverage or Federal Emergency Management assisted with any part of this request? ..... Yes No

**Consent**

Please read and check off all of the following statements before signing.

If my employment ends with DOL, I agree to inform the AIDE Association two weeks before my departure or at the earliest possible convenience if the decision is not mine. At the time of my departure, I must repay my loan in full from my final paycheck or set up a new post-DOL employment repayment plan via Venmo or a combination of both options.

The information provided in this application is complete and accurate to the best of my knowledge.

I have not completed this application to defraud the AIDE Association or represent a false entity.

I understand that my case may be researched, if necessary, and that the confidentiality of my request will be ensured.

I further understand that any payments made to creditors will be paid directly to them by the AIDE Association and that gifts of service or other request may be secured using portions of this request.

By checking the "I agree" button, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

I Agree

X

Signature

**Assistance Information (continued)**

Use the below space to continue providing detailed facts about this request.

Multiple horizontal lines for providing detailed facts about the request.