



The We Care Employee Relief Fund was established to provide a way for the Wells Fargo Team to support fellow team members who are experiencing a financial hardship resulting from a sudden, severe, overwhelming and unexpected event - whether a qualifying disaster or an emergency hardship, which results in an inability to provide basic life necessities.

The applicant must be an active team member of Wells Fargo or a team member on leave with pay, including short-term disability and paid time off. Requested expenses must be the result of an event that has occurred after the team member's hire date. Contract, temporary employees, (or Joint Venture employees), team members receiving severance, retirees or those on unpaid leave or Long-term Disability (LTD) are not eligible to apply. Certain charitable income guidelines apply.

The We Care Employee Relief Fund grant selection process is administered by E4E Relief. Grant decisions are made in accordance with relevant federal and state laws and regulations and are communicated to applicants by email or phone.

The maximum grant award is \$1,500 for evacuation assistance. Grant amounts vary based upon the specific circumstances for each applicant.

Supporting documents are necessary for evaluating and determining the eligibility of the grant request. Applicants should include all documentation that verifies the expenses they incurred as a direct result of the evacuation.

- Most recent pay stub and pay stubs that reflect income prior to event
- Lodging Receipts

A completed application must be submitted in order for the application to be reviewed. Incomplete applications will be held for 30 days after the application has been submitted. After 30 days, the applicant will need to apply by submitting a new application and all supporting documents again.

A completed and signed application and supporting documentation, including a copy of your most recent pay stub, may be submitted via email to WECare@e4erelief.org.

If you have questions, contact WE Care toll free at 1-888-863-7142.



QUALIFYING EVENTS AND EXPENSES

Relief Events and Expenses generally include the following (without limitation), provided that such Relief Event directly affects the team member and his or her immediate family as otherwise required:

Qualifying Events	Qualifying Expenses
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This application is streamlined specifically for the evacuation resulting from Hurricane Harvey in August 2017 or Hurricane Irma in September 2017. The qualifying events are Hurricane Harvey or Hurricane Irma. This application is intended only for short-term, evacuation related expenses.

Reasonable evacuation expenses resulting from a disaster

- Lodging
- Transportation
- Meals
- Clothing
- Toiletries
- Replacement of Spoiled Food

Disaster Relief Assistance Form:

Before completing the Application for Assistance to see if you may qualify!
1. I am an Active team member or Team Member on leave with pay. <input type="checkbox"/> YES <input type="checkbox"/> NO
2. I have a Qualifying Event <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Evacuating due to Hurricane Harvey or Hurricane Irma)</i>
3. I have Qualifying Expenses <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(see above)</i>
4. My event occurred within the past 30 days <input type="checkbox"/> YES <input type="checkbox"/> NO
5. I am applying for Disaster Relief Assistance. <input type="checkbox"/> YES <input type="checkbox"/> NO
If you answered YES to all 5 questions, you may be eligible for assistance. Please complete the application and return to E4E Relief for further review. If you answered NO, but feel you still may have a qualifying event, please call the Grant Specialist to verify, 1.877.569.2273.

Application must be submitted no later than October 6, 2017 for Hurricane Harvey and no later than October 23, 2017 for Hurricane Irma.

Section I: Personal Information on those Evacuated

Reason for evacuation:	
Type of event (i.e. Hurricane, flood...): <i>Hurricane</i>	
Name of event (i.e. Hurricane Irma): <i>Hurricane Harvey or Hurricane Irma</i>	
Did you evacuate?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please provide us with a description in the space provided to explain your circumstances to help us better understand your situation:	



Last Name:		First Name:		Middle Initial:
Team Member ID:		Hire Date:		# Hours Scheduled:
Job Title:			Department:	
Home Address:			Rent Own	
City:	County:	State:	ZIP:	
Phone Number			Email:	
If, because of the catastrophe, you cannot receive mail at your home address provide another mailing address below:				
Marital Status? Choose an item.				
Family Members (Spouse and dependents only):	Relationship	Age:	Evacuated w/ You?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section II: Proof of Employment

Please attach documented evidence of your employment. The preferred documentation is a company Pay Stub	
PAY STUB: Choose an item.	Attachment:

Section III: Information and Documented Evidence of Evacuation

Evacuation Duration and Distance		
Date left (evacuation started):	Home Address:	Address of where you Evacuated to (City and State, or Zip Code) :
Date Returned (if applicable):		

What aid are you requesting:	
Please Check all that Apply:	<input type="checkbox"/> Lodging (Hotel) <input type="checkbox"/> Meals (Restaurants, Groceries) <input type="checkbox"/> Clothing <input type="checkbox"/> Toiletries <input type="checkbox"/> Spoiled Food at home due to loss of power
Please fill out the categories that you checked above with the amount of aid requested. Receipts showing you paid for these expenses should be included with your application. To receive an allowance for lodging, a hotel receipt will be required. Receipts of other expenses are strongly encouraged to help expedite your application.	
Lodging (Hotel)	\$
Meals (Restaurants, Groceries)	\$
Clothing	\$
Toiletries	\$
Spoiled Food at home due to loss of power	\$



Section III: Insurance

Have you received or do you expect to receive any other aid (from FINRA, American Red Cross, or home owners insurance)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If yes, please list other aid you will be receiving:

Section IV: Agreement and Authorization (this needs to be modified)

I have done everything possible to help myself before applying for this grant. I certify that the information provided in this grant application and any attachments to it is true and correct as of the date set forth below. I authorize Wells Fargo Team Member Benefits and Payroll to release information to E4E Relief and Foundation For The Carolinas regarding this application. My signature acknowledges and permits E4E Relief to verify all information. This includes making appropriate contacts and disclosures with my creditors and others referenced in this application to ensure that reported information is accurate. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application now and in the future and debarment from future We Care grants. I also understand that any such action by me constitutes fraud, which may be reported to Wells Fargo and for which I may be liable via civil or criminal action.

Would you be willing to share your story and experience? YES NO

Signature Required:

Date: