## WestRock **EMPLOYEE** RELIEF FUND

## **Certification Statement**

I hereby certify, to the best of my knowledge, that the information contained in this application is true, correct and complete, and that I am requesting assistance only for amounts that are not reimbursable from insurance or any other sources. I agree to give further proof of the information I have provided on this application if requested to do so.

I understand that the Employee Relief Fund and WestRock maintain reasonable and appropriate administrative, technical and physical safeguards to protect Employee Personal Information from loss, misuse, and unauthorized access, disclosure, alteration and destruction. I consent to the use of my personal information, and that of my minor dependents, by a limited number of authorized people affiliated with the Employee Relief Fund or WestRock, to assess my Grant Application and to process award payments where applicable.

Employee Signature and Date
Please provide the information requested below (print to ensure we can read it):
Name:
Address:
Phone number:
Email address:
Employee ID:
WestRock location:

Please include with your application (Application tab) and send to:

WestRock Employee Relief Fund

Confidential fax: 804.386.0789

Confidential email: employeerelieffund@westrock.com

## **Employee Relief Fund Application**

1	Please list your approximate <b>annual net income</b> (after taxes and deductions).		
2	List the total of additional household income (spouse/partner income, pension, etc.)  Other government assistance/support (employment insurance, unemployment, food stamps, disability, social security, etc.)		0
	Child/spousal support, rental income, all other sources of income		0
	Children and Cappers, Torrica most mo, all out of courses of most mo	Total	0
3	List all directly related <u>short term expenses</u> incurred due to the disaster. Examples may include: temporary housing, costs to reduce ongoing damage (damage mitigation), generators, immediate clothing and food needs, insurance deductible and other one time/unexpected costs. (Please attach a separate itemized list, if needed.)	Expense type:	0 0 0 0 0 0 0 0 0 0 0
4	List any assistance you have received (eg. insurance, Red Cross, FEMA or other disaster-related benefits)	Name of organization providing assistance:  Total	0 0 0
5	Please use the space below to share more information about what happened and the impact to your family. Consider including a brief overview of the disaster, relevant peripheral information, additional hardships, etc. (Attach additional page if needed.)		
6	List all dependants: Name	Relationship to applican	Age

9	Additional comments:		
		Total	0 0
8	List any expected insurance payouts or other disaster related payables/grants (eg. state grants, governement assistance, etc.) received that can offset the above costs.	Payout expected from:	0
		Total	0 0 0
′	significant damage to home, lost assets, home contents or other property.	Expense type:	

Please fax this form, including the signed certification document, to:

WestRock Employee Relief Fund
Confidential fax: 804.386.0789
Confidential email: employeerelieffund@westrock.com