



TAKEUCHI *cares*

Supporting Our Teammates In Need

Applicant Information

Name: _____ Date: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Employee Location: _____

Email Address: _____

Length of Service: _____

Requested Amount: _____

Qualifying Emergency: Please check one below

- Medical Emergency not eligible for reimbursement by insurance
- Housing (rent/mortgage)
- Utilities (water, gas, electricity)
- Other (food, car repair, phone, etc.) _____
- Funeral - emergency travel expense
- Home Catastrophe

Provide a brief explanation of your need for assistance.

Note: Please attach a list of bills or an estimate for consideration or payment. Payments will be sent directly to the debtor on behalf of the employee and will not be made directly to the employee.

Please email application and documents to Jeff, jeff.stewart@takeuchi-us.com

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature _____ Date _____