

**STATE OF DELAWARE
403(B) PLAN**

APPLICATION FOR HARDSHIP WITHDRAWAL

The information contained in this application is of a confidential nature and is requested solely for review by the State Treasurer's office and its authorized representatives. It will not be used for any other purpose. The form is to be completed in ink.

SECTION 1

Participant Name: _____ **SSN:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

State of Delaware Agency: _____

Amount Currently Deferred Per Pay Period: \$ _____

Name of Vendor _____

Current Balance in 403(b): _____ **in 401(a):** _____ **in 457:** _____

SECTION 2

(Attach a separate sheet if more room is needed)

A. Description of hardship (qualifying event):

B. Describe the resulting financial hardship:

SECTION 3

List of expenses directly related to the financial emergency and the Payee:

PAYEE	EMERGENCY SERVICES	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total Amount Applied for		\$ _____

SECTION 4

Financial Assets:

	Current Value
Cash	\$ _____
Checking/Savings Accounts	\$ _____
Stock, Bonds, Mutual Funds	\$ _____
401(k)/IRA Accounts	\$ _____
All Other Assets (list)	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Financial Assets \$ _____

SECTION 5

Current Monthly Income Computed from Payroll Advices

	Your Salary	Spouse's Salary	Other Income	Total
Gross Pay	\$ _____	\$ _____	\$ _____	\$ _____
Less:				
FWT	\$ _____	\$ _____	\$ _____	\$ _____
SWT	\$ _____	\$ _____	\$ _____	\$ _____
FICA	\$ _____	\$ _____	\$ _____	\$ _____
OASDI	\$ _____	\$ _____	\$ _____	\$ _____
Local Tax	\$ _____	\$ _____	\$ _____	\$ _____
Other Before tax	\$ _____	\$ _____	\$ _____	\$ _____
Other After tax	\$ _____	\$ _____	\$ _____	\$ _____
Net Income	\$ _____	\$ _____	\$ _____	\$ _____

SECTION 6

Monthly Living Expenses: Provide documentation to support these expenses. If deduction is included on payroll advice, as for health insurance premium, no additional documentation is required.

		Verification/Documentation
Home mortgage expense/Rent	\$ _____	_____
Basic Utilities (electric, gas, water, telephone within last two months)	\$ _____	_____
Other Utilities (cable, cell, internet, home security)	\$ _____	_____
Food and Clothing Allowance	\$ _____	_____
Car Payments	\$ _____	_____
Other Transportation Expenses (gas, vehicle insurance, parking, public transit)	\$ _____	_____
Credit Card Payments (combined total, minimum required payments)	\$ _____	_____
College Expenses of Dependents	\$ _____	_____
Insurance Premiums (home or renters, life, health)	\$ _____	_____
Child Support	\$ _____	_____
Other (list) _____	\$ _____	_____
	\$ _____	_____
TOTAL Monthly Living Expense	\$ _____	

TAX WITHHOLDING – Please specify your current federal and state tax rates. If nothing is specified, no taxes will be withheld on distributions made.

Please withhold ____% for Federal Tax.

Please withhold State Tax _____, do not withhold State Tax _____.

I HEREBY CERTIFY THAT THE STATEMENTS AND FIGURES SHOWN ON THIS HARDSHIP APPLICATION AND THE ATTACHMENTS THERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE READ AND UNDERSTAND THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION WILL BE RETAINED BY THE PROGRAM ADMINISTRATOR AS PART OF MY PROGRAM RECORDS WHETHER OR NOT IT IS APPROVED. I HEREBY AUTHORIZE THE PROGRAM ADMINISTRATOR TO CONTACT ANY OF THE THIRD PARTIES REFERENCED IN THIS APPLICATION OR THE ATTACHMENTS THERETO IN ORDER TO VERIFY AND/OR SUPPLEMENT INFORMATION SUPPLIED BY ME.

SIGNATURE OF APPLICANT: _____ **DATE:** _____