

CWA Local 3905

New Submit Date

Resubmit Date

CWA Disaster Relief Fund Request Application

The CWA Disaster Relief Fund is a compassion and its sole purpose is to assist members who experience a financial hardship due to a natural disaster as declared by FEMA. The Fund will provide the member with aid based on essential losses associated with a primary residence. In the case of a declared total loss, the benefit can be expected for immediate aid. This program is a benefit of being a CWA member.

Please Print

Name of Disaster:

Date of FEMA Declaration:

Member Name:

Address:

City:

State:

Zip Code:

Telephone (Home):

(Work)

Social Security #:

(For purposes of membership validation)

Dependent's

Dependent Name	Relationship	Age

Damaged Primary Residence: Owned Rented

Totaled: Yes No (If yes, Insurance/FEMA documentation required)

Is this your primary residence: Yes No

List Insurance Companies to which claims were made:

Name of Company	Policy Number

Was it necessary to obtain temporary residence elsewhere?

No Yes For how long?

List the essential items for which you still need our assistance if conditions permit: (If you need additional space, please attach to form)

Essential Item	Value (must state)	Amount Reimbursed by Insurance	Staff Use Only

Did you apply for federal aid? No Yes

If yes, what was the result?

(Must attach supporting documents)

List the essential damages to your property below.

Part of Property	Estimate for Repair/Replacement	Submitted to Insurance <small>(Please check box)</small>	Amount Reimbursed by Insurance	Staff Use Only
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

Member:

The Member must attach copies of insurance claims and dispositions.

Please note: It is very important that you provide us with the requested information to maximize the processing of your application.

I declare the above information is accurate and complete to the best of my knowledge.

Member Signature: _____ **Date:**

Member Name Printed: _____

Local President or Designee:

I declare that this is a dues-paying member in good standing of my Local and I recommend this application.

Local President Signature: _____ **Date:** Click or tap to enter a date.

Local President/Designee Printed Name: _____

Notes/Comments:
