

New Submit Date		Local #	
Resubmit Date			

## CWA Disaster Relief Fund Request Application

The CWA Disaster Relief Fund is a compassion fund 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 expedited for immediate aid. This program is a benefit of being a CWA member.

**Please Print**

<b>Name of Disaster</b>	<b>Date of FEMA Declaration</b>
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Member Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Social Security # \_\_\_\_\_ (For purposes of membership validation)

1. Single \_\_\_\_\_ Married \_\_\_\_\_

DEPENDENT NAME	RELATIONSHIP	AGE

2. Damaged Primary Residence: Owned \_\_\_\_\_ Rented \_\_\_\_\_  
 Totaled: Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, Insurance /FEMA documentation required)

Is this your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

3. List Insurance Companies to which claims were made:

NAME OF COMPANY	POLICY NUMBER

4. Was it necessary to obtain temporary residence elsewhere?

No \_\_\_\_\_ Yes \_\_\_\_\_ For how long? \_\_\_\_\_

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

ESSENTIAL ITEM	VALUE MUST STATE	AMOUNT REIMBURSED BY INSURANCE	STAFF USE ONLY

6. Did you apply for federal aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the result?


**(Must attach supporting documents)**

7. List the **essential damages** to your property below.

PART OF PROPERTY	ESTIMATE FOR REPAIR/ REPLACEMENT	SUBMITTED TO INSURANCE (Please check box)	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:**

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

Local President Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Local President Name Printed: \_\_\_\_\_ Local: \_\_\_\_\_

Notes/Comments:


**District Staff:**

I have reviewed and verified the members' request above and recommend the member be considered for aid.

District Staff Signature:	_____	Date:	_____
District Staff Name Printed:	_____		

Notes/Comments:


**CWA Headquarters Disaster Relief Fund Coordinator:**

I have reviewed and verified the members' request above and recommend the following:

Aid Approved \$	_____		
HQ Disaster Relief Fund Coordinator Signature:	_____	Date:	_____
HQ Disaster Relief Fund Coordinator Name Printed:	_____		

Notes/Comments:


**Local President:**

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

Local President Signature : \_\_\_\_\_ Date: \_\_\_\_\_  
Local President Name Printed: \_\_\_\_\_ Local: \_\_\_\_\_

Notes/Comments:


**District Staff:**

I have reviewed and verified the members' request above and recommend the member be considered for aid.

District Staff Signature:	_____	Date:	_____
District Staff Name Printed:	_____		

Notes/Comments:


**CWA Headquarters Disaster Relief Fund Coordinator:**

I have reviewed and verified the members' request above and recommend the following:

Aid Approved \$	_____		
HQ Disaster Relief Fund Coordinator Signature:	_____	Date:	_____
HQ Disaster Relief Fund Coordinator Name Printed:	_____		

Notes/Comments:
