

APPLICATION FOR ASSISTANCE

MEMBERS NAME: _____

SOCIAL SECURITY NO: _____

PERMANENT MAILING ADDRESS: _____

HOME PHONE NO: _____ **WORK NO:** _____

POSITION/CRAFT: _____

APWU LOCAL/STATE ORGANIZATION: _____

Attach a list with a detailed description of the damaged property loss incurred by you or your immediate family member residing with you at the same principal place of residence. List the individual cost of each item lost.

Date of Loss: _____

Type of Disaster & Number/Name: _____

Estimate Cost of Repair/Replacement: _____

ATTACH COPIES OF THE INSURANCE ADJUSTER'S CLAIM SHEET, AT LEAST TWO REPAIR/REPLACEMENT ESTIMATES(S) OR ITEMIZED RECEIPT(S) OF REPAIR BILL(S) FOR DAMAGED PROPERTY AND ANY PHOTOS OF THE DAMAGE. ALL PHOTOS MUST BE LABELED WITH YOUR NAME AND ADDRESS. Please DO NOT SEND Videos.

Do You Have Insurance to Cover the Loss? _____

List the name of your insurance company, REGARDLESS, of whether you have coverage for the loss: _____

Insurer's Address & Telephone No. (Including area code): (____) - _____

Policy #: _____

Have you submitted a claim? _____ **When?** _____

If so, has your insurance company(ies) paid the claim(s)? _____

In what amount(s)? _____
(ATTACH A COPY OF COMPENSATION STATEMENT AND/OR CHECK)

Amount Deductible(s)? _____

PLEASE ATTACH A COPY FO THE CLAIM FORM(S) AND ALL ATTCHMENTS SUBMITTED TO ANY INSURANCE COMPANY(IES) AS CONSEQUENCE OF THIS LOSS.

List of attach the name, address, and phone number of any additional insurer(s) or any relief agency(ies) to which a claim for damage(s) to the aforementioned property has been submitted.

If payment(s) has been made, in what amount(s)? _____

(ATTACH COPY OF COMPENSATION STATEMENT AND/OR CHECK)
Did you apply to PERF (Postal Employees' Relief Fund) for aide? _____

Did you receive a decision/ check from PERF? _____ If so, When? _____

(ATTACH COPY OF PERF DECISION LETTER AND/OR CHECK)

If PERF decision is still pending, it is not necessary to delay the submission of this application. However, you MUST submit the PERF decision letter and a copy of each check (if applicable) upon receipt to be part of this application file before a decision can be rendered.

NATIONAL FEMA CERTIFICATION NO: _____

I hereby certify that the information provided herein is true and accurate. I am also aware that any statements made herein which are willfully false are subject to penalty under applicable state and federal laws. Submission of this application does not entitle me to a claim against the APWU Disaster/Hardship Fund, but constitutes a request for assistance only.

Signature: _____
(Application Must be Signed)

Date: _____

(Please complete Application in full & mail to: APWU Disaster/Hardship Fund, 1300 L Street, NW, Washington, D.C 20005) c/o Secretary-Treasurer Department

DO NOT SEND CERTIFIED – Send Delivery Confirmation, if you would like a receipt