

**REQUEST FOR HELP**  
**TEAMSTERS DISASTER RELIEF FUND**

This form must be completed in FULL for consideration

Please print all information

Name \_\_\_\_\_ Local Union \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_

Check one:

Married       Single      No. of Dependents and ages: \_\_\_\_\_

Employment Status:

Working  
 Retired       Unemployed (pre-disaster) \_\_\_\_\_ weeks w/o work       Temporary layoff due to disaster

Extent of Damage:       Total       Major       Minor

Briefly describe your loss: \_\_\_\_\_  
\_\_\_\_\_

Estimated loss: HOUSING (Dwelling Structure, Roof Siding Sheds, etc.)      \$ \_\_\_\_\_ Amount

Itemize briefly: \_\_\_\_\_  
\_\_\_\_\_

Estimated loss: PERSONAL PROPERTY (Vehicle, Appliances, Clothing, Etc) \$ \_\_\_\_\_ Amount

Itemize briefly: \_\_\_\_\_  
\_\_\_\_\_

Is your damage covered by insurance?       Yes       No      \$ \_\_\_\_\_ Deductible

Have you already applied to Red Cross?       Yes       No      F.E.M.A?       Yes       No

Are you receiving Federal, State or other disaster relief?       Yes       No

If yes, what type? \_\_\_\_\_ Total already received \$ \_\_\_\_\_

\*\* For each type of loss described above, please estimate the amount that you do not expect to be covered by insurance or other sources of disaster relief (include any insurance deductibles not covered by any other sources of relief): \_\_\_\_\_  
\_\_\_\_\_

\*\* NOTE: Please **attach copies of any insurance or damage claim forms** that have been submitted. Also, **enclose pictures of your damage.**

Previous receipts from Teamsters Disaster Relief Fund:      \$ \_\_\_\_\_ Total

I certify the above statements to be true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature and date

**RETURN TO: TEAMSTER DISASTER RELIEF 25 LOUISIANA AVE. NW WASHINGTON, D.C. 20001**

Committee Use Only:

Reviewed by: \_\_\_\_\_ Recommended by: \_\_\_\_\_

\$ \_\_\_\_\_ Amount      Check Received by \_\_\_\_\_ Date: \_\_\_\_\_