

To: Local Unions 528 and 728

Joint Council 75

BLET BMWED GCC

From: Teamsters Disaster Relief Fund

Date: February 8, 2017

PLEASE POST DISASTER ALERT NOTICE FEMA – #DR –4294

Severe Storms, Tornadoes and Straight-line Winds

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of Georgia opening the way for the use of federal disaster funds for people affected by the severe storms, tornadoes and straight-line winds that occurred on January 2, 2017. Assistance is available to individuals and households in the following county who may have experienced a loss due to this disaster:

Dougherty

Teamster members, please contact your Local Union office if you have suffered losses due to this storm; fill out a "Request for Help" form (include all requested documentation) if you would like to request a grant from the Teamsters Disaster Relief Fund.

DISASTER RELIEF FORMS MUST BE RETURNED TO THE TEAMSTERS DISASTER RELIEF FUND BY MARCH 31, 2017

REQUEST FOR HELP TEAMSTER DISASTER RELIEF FUND Reference Number-Georgia-DR-4294

**Requested Documentation: Copies of Insurance Policies, Damage Claim Forms, Repair or Reconstruction Estimates, Correspondence from Governmental or Other Private Aid Agencies and Pictures.

**Important Information:

Please be advised that this form must be completed in full and all documents must be attached for consideration. Please note that only claims over \$500.00 will be considered and any grants given will be at the sole discretion of the Board of Directors of the Disaster Relief Fund. Must have FEMA notification letter attached.

Please print all information	
Name	Daytime Phone
	(where you can be reached)
Address	S.S.N
	Parish or County:
Local Union No	Principal Officer signature:
<u>Check one:</u> IBT BMWED GCC BI	LET
Check one: Married SingleWidow/Widower	Legally Separated or Divorced
No. of Dependents & Age (excluding yourself):	
Employment Status: Working Unemployed due to disaste	er Unemployed (pre-disaster) Retired
Employer:	
If working, what is your current rate of pay \$	
Other Current Sources of Household Income (please check all th	at apply):
Spouse earnings Alimony/Child Support Pension Savin	ngs/Investment Government Benefits
Estimated current weekly household income from all sources \$.
Estimated current weekly household expenses (food, housing, transport	ortation, clothing) \$

Extent of Damage:			
Total loss of primary residence			
Describe briefly:			
Estimated Losses: PRIMARY RESIDENO ITEMIZE BRIEFLY: (DWELLING STRUCTURE,			□ OWN □ RENT
Are any of these losses covered by insurance	ce?NO		
If yes, what is the policy deductible \$	What is the policy	y limit \$	
Have you already applied to: Red Cross: _	Yes No	F. E. M. A.: Yes	No
Are you receiving federal, state, or other di	isaster relief?	Yes	No
If so, what type:		Total <u>already</u> receive	d \$
For each type of loss described above, pleas other sources of disaster relief (include any			
Previous aid received from Teamster Disas	ter Relief Fund: Total \$		
I certify the above statements to be true an	d correct to the best of m	y knowledge and belief.	
Signature		Date	
D	UE BY MARCI	H 31, 2017	
Send To: Teamster Disaster Relief	Fund, 25 Louisiana A	Ave., N. W., Washingt	on, D.C. 20001
Committee Use Only			
Reviewed by:	Reco	mmended by:	
Amount:			
Check Received by:	Date:		