To: Local Unions 6, 245, 608, 604, 610, 618, 682, 688, 823 and 833
Joint Councils 13 and 56
BLET
BMWED
GCC

From: Ken Hall, Treasurer
Teamsters Disaster Relief Fund

Date: June 6, 2017

PLEASE POST
DISASTER ALERT NOTICE
FEMA – #DR – 4317

Missouri Severe Storms, Tornadoes, Straight-line Winds and Flooding

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of Missouri opening the way for the use of federal disaster funds for people affected by the severe storms, tornadoes, straight-line winds and flooding that occurred April 28 through May 11, 2017. Assistance is available to individuals and households in the following counties who may have experienced a loss due to this disaster:

Bollinger, Butler, Carter, Douglas, Dunklin, Franklin,
Gasconade, Howell, Jasper, Jefferson, Madison, Maries, McDonald,
Newton, Oregon, Osage, Ozark, Pemiscot, Phelps, Pulaski,
Reynolds, Ripley, Saint Louis, Shannon, Stone, Taney, and Texas

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 AUGUST 31, 2017
REQUEST FOR HELP
TEAMSTER DISASTER RELIEF FUND
Reference Number-Missouri-DR-4317

**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 __________________
Address ____________________________ (where you can be reached)
S.S.N. ____________________________
Parish or County: __________________

Local Union No. _____ IBT BMWED GCC BLET / Principal Officer sign: ____________________________
(if applicable)

Check one: _____ Married _____ Single _____ Widow/Widower _____ Legally Separated or Divorced

No. of Dependents & Age (excluding yourself): __________________

Employment Status: _____ Working _____ Unemployed due to disaster _____ Unemployed (pre-disaster) _____ Retired

Employer: __________________

If working, what is your current rate of pay $__________.

Other Current Sources of Household Income (please check all that apply):

Spouse earnings _____ Alimony/Child Support _____ Pension _____ Savings/Investment _____ Government Benefits _____

Estimated current weekly household income from all sources $__________.

Estimated current weekly household expenses (food, housing, transportation, clothing) $__________.
Extent of Damage:

_____ Total loss of primary residence

Described briefly:

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Estimated Losses:  PRIMARY RESIDENCE  $___________________ Dollar Amount  □ OWN  □ RENT

ITEMIZE BRIEFLY: (DWELLING STRUCTURE, FOUNDATION, ROOF, SIDING, SHEDS, ETC.)

_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Are any of these losses covered by insurance?  ______ NO  ______ YES

If yes, what is the policy deductible $________  What is the policy limit $________

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 so, 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):

_____________________________________________________________________________________________________

Previous aid received from Teamster Disaster Relief Fund:  Total $_________________

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

________________________________________  ________________________
Signature                      Date

DUE BY AUGUST 31, 2017

Send To:  Teamster Disaster Relief Fund, 25 Louisiana Ave., N. W., Washington, D.C. 20001

Committee Use Only

Reviewed by:  ____________________________  Recommended by:  ____________________________

Amount:  ____________________________

Check Received by:  ____________________________  Date:  ____________________________