

**REQUEST FOR HELP**  
**TEAMSTER DISASTER RELIEF FUND**  
**Reference Number – Mississippi – DR-4175**

**\*\*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 \_\_\_\_\_ S.S.N. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
(where you can be reached)

Parish or County: \_\_\_\_\_

**Local Union** \_\_\_\_\_ **IBT**  **BMWED**  **GCC**  **BLET**  / **Principal Officer signature:** \_\_\_\_\_  
(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

**Describe 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 FRIDAY, JUNE 13, 2014**

**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: \_\_\_\_\_