



**To: Local Unions 19, 516, 523 and 886
Joint Council 80
BLET
BMWED
GCC**

UPDATED

**From: Antonio Christian, Secretary
Teamsters Disaster Relief Fund**

Date: June 16, 2015

**PLEASE POST
DISASTER ALERT NOTICE
FEMA – #- DR – 4222**

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

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of Oklahoma 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 between May 5 and June 4, 2015. Assistance is available to individuals and households in the following counties who may have experienced a loss due to this disaster:

**Atoka, Beckham, Bryan, Caddo, Canadian, Cleveland, Comanche,
Grady, Johnston, Kiowa, LeFlore, Marshall, McClain, McCurtain,
McIntosh, Oklahoma, Pittsburg, Pottawatomie, Seminole and Wagoner Counties**

Teamster members, please contact your Local Union office if you have suffered losses due to the severe storms, tornadoes, straight-line winds and flooding; 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 JULY 20, 2015**

REQUEST FOR HELP
TEAMSTER DISASTER RELIEF FUND
Reference Number-Oklahoma-DR-4222

****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 _____ 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 FRIDAY, JULY 20, 2015

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: _____
