



REVISED

**To: Local Unions 71, 509, 1108, 1150, 1224, 2727
Joint Council 9
BLET
BMWED
GCC**

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

Date: October 14, 2015

**PLEASE POST
DISASTER ALERT NOTICE
FEMA - #- DR - 4241**

South Carolina Severe Storms and Flooding

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of South Carolina opening the way for the use of federal disaster funds for people affected by the South Carolina Severe Storms and Flooding that occurred on October 1, 2015, and continuing. Assistance is available to individuals and households in the following counties who may have experienced a loss due to this disaster:

**Bamberg, Berkeley, Calhoun, Charleston, Clarendon,
Colleton, Darlington, Dorchester, Florence, Georgetown,
Greenwood, Horry, Kershaw, Lee, Lexington, Newberry,
Orangeburg, Richland, Sumter and Williamsburg**

Teamster members, please contact your Local Union office if you have suffered losses due to the severe storms, 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 NOVEMBER 20, 2015**

REQUEST FOR HELP
TEAMSTER DISASTER RELIEF FUND
Reference Number – DR-4241

****Requested Documentation: Copies of Insurance Policies, Damage Claim Forms, Repair or Reconstruction Estimates, Correspondence from Governmental or Other Private Aid Agencies, FEMA Notification Letter 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 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 _____ Major loss of primary residence _____ Minor 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 NOVEMBER 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: _____
