

New Submit Date		Local #	
Resubmit Date			

CWA Disaster Relief Fund Request Application

The CWA Disaster Relief Fund is a compassion fund and its sole purpose is to assist members who experience a financial hardship due to a natural disaster as declared by FEMA. The Fund will provide the member with aid based on essential losses associated with a primary residence. In the case of a declared total loss the benefit can be expedited for immediate aid. This program is a benefit of being a CWA member.

Please Print

Name of Disaster	Date of FEMA Declaration
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Member Name _____

Address _____

City _____ State _____ Zip Code _____

E-Mail: _____

Telephone (Home) _____ (Work) _____

Social Security # _____ (For purposes of membership validation)

1. Single _____ Married _____

DEPENDENT NAME	RELATIONSHIP	AGE

2. Damaged Primary Residence: Owned _____ Rented _____
 Totaled: Yes _____ No _____ (If yes, Insurance /FEMA documentation required)

Is this your primary residence? Yes _____ No _____

3. List Insurance Companies to which claims were made:

NAME OF COMPANY	POLICY NUMBER

4. Was it necessary to obtain temporary residence elsewhere?

No _____ Yes _____ For how long? _____

5. List the **essential items** for which you still need our assistance if conditions permit: (If need additional space, please attach to form)

ESSENTIAL ITEM	VALUE MUST STATE	AMOUNT REIMBURSED BY INSURANCE	STAFF USE ONLY

6. Did you apply for federal aid? Yes _____ No _____

If yes, what was the result?

(Must attach supporting documents)

7. List the **essential damages** to your property below.

PART OF PROPERTY	ESTIMATE FOR REPAIR/ REPLACEMENT	SUBMITTED TO INSURANCE (Please check box)	AMOUNT REIMBURSED BY INSURANCE	STAFF USE ONLY
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

Member:

The Member **must** attach copies of insurance claims and dispositions.

Please note: It is very important that you provide us with the requested information to maximize the processing of your application.

I declare the above information is accurate and complete to the best of my knowledge.

Member Signature: _____ Date: _____
 Member Name Printed: _____

Local President:

I declare that this is a dues-paying member in good standing of my Local and I recommend this application.

Local President Signature : _____ Date: _____
Local President Name Printed: _____ Local: _____

Notes/Comments:

District Staff:

I have reviewed and verified the members' request above and recommend the member be considered for aid.

District Staff Signature:		Date:	
District Staff Name Printed:			

Notes/Comments:

CWA Headquarters Disaster Relief Fund Coordinator:

I have reviewed and verified the members' request above and recommend the following:

Aid Approved \$			
HQ Disaster Relief Fund Coordinator Signature:		Date:	
HQ Disaster Relief Fund Coordinator Name Printed:			

Notes/Comments:
