

REQUEST FOR HELP
TEAMSTER DISASTER RELIEF FUND
08-1773-MISSOURI – (SEVERE STORMS, FLOODING)

This Form must be completed in FULL and Requested Documents must be attached for consideration.

****Requested Documentation: copies of Insurance Policies, Damage Claim forms, Repair or Reconstruction Estimates, Correspondence from any other Governmental or other Private Aid Agency, and Pictures must be 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
(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

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

If unemployed or laid off due to disaster, what was your rate of pay immediately prior to the disaster. \$ _____

How many days/weeks have you been without wages _____.

Do you expect to be recalled or reemployed by your employer? If so, when _____.

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 (total loss of primary residence, vehicles, personal property; permanent loss of employment)
- Major (substantial damage to primary residence, vehicles, personal property)
- Minor (some damage to primary residence, debris on property, temporary loss of wages for a week or more, etc.)

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 \$ _____

Estimated loss: *PERSONAL PROPERTY* \$ _____ Dollar Amount

(CAR, TRUCK, FURNITURE, APPLIANCES, CLOTHING, ETC.)

Itemize briefly:

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 _____

*******FORM DUE BY Monday, August 18, 2008*******

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: _____