



**To: Local Union 72, 237, 126, 264, 294, 669, 118, 693, 202,449, 687, 375, 210,
111, 529, 550, 553, 282, 272, 295, 584, 707, 802, 804, 805, 808, 813, 814,
817, 831, 854, 858, 917, 966, 1205, 1149
Joint Council 16, 18
BLET
BMWED
GCC**

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

Date: September 1, 2011

**PLEASE POST
DISASTER ALERT NOTICE
FEMA – 4020 – DR – NEW YORK**

DESCRIPTION OF DISASTER

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of NEW YORK opening the way for the use of federal disaster funds for people affected by *Hurricane Irene* that occurred on August 26, 2011 and continuing. Assistance is available to individuals and households in the following counties who may have experienced a loss due to this disaster:

Albany, Delaware, Dutchess, Essex, Greene, Schenectady, Schoharie, and Ulster Counties.

Teamster members, please contact your Local Union office if you have suffered losses due to Hurricane Irene; 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**

MONDAY, OCTOBER 24, 2011

REQUEST FOR HELP
TEAMSTER DISASTER RELIEF FUND
Reference Number-4020

Important Information:

This Form must be completed in full and Requested Documents must be attached for consideration. Please note that only claims over \$500.00 will be considered.

****Requested Documentation: Copies of Insurance Policies, Damage Claim forms, Repair or Reconstruction Estimates, Correspondence from Governmental or other Private Aid Agencies and pictures.**

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**Employer:** _____

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 _____

DUE BY MONDAY, OCTOBER 24, 2011

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: _____