

POSTAL EMPLOYEES' RELIEF FUND

APPLICATION FOR RELIEF GRANT

(Please print or type)

EMPLOYEE'S NAME:

SOCIAL SECURITY NO: _____ HOME PHONE NUMBER:

ALTERNATE PHONE NUMBERS: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

ADDRESS OF RESIDENCE SUSTAINING DAMAGE:

NAME & ADDRESS OF USPS FACILITY ASSIGNED:

—

WORK PHONE NUMBER: _____ NORMAL HRS OF WORK:

CRAFT OR MANAGEMENT POSITION:

UNION OR MANAGEMENT ASSOCIATION THAT REPRESENTS
YOU: _____

DATE OF LOSS: _____ TYPE OF
DISASTER: _____

ESTIMATE TOTAL COST OF REPAIR / REPLACEMENT: _____

FEMA DISASTER NUMBER AND/OR NAME:

FIRE OR POLICE DEPARTMENT RESPONDING (IF ANY): _____

DO YOU HAVE INSURANCE TO COVER THE LOSS: _____ IF NO EXPLAIN:

—

PROVIDE THE NAME(S) OF YOUR INSURANCE COMPANIES (REGARDLESS IF THEY COVERED THIS LOSS):

NAME _____ ADDRESS: _____ Policy #: _____

NAME _____ ADDRESS: _____ Policy #: _____

NAME _____ ADDRESS: _____ Policy #: _____

HAVE YOU SUBMITTED AN INSURANCE CLAIM? _____ HAS IT BEEN APPROVED, DENIED, OR IS IT STILL PENDING? _____ IF APPROVED, WHAT AMOUNT DID YOU RECEIVE? \$ _____

(ATTACH A COPY OF THE PAYMENT OR DOCUMENTS IDENTIFYING PAYMENT WITH YOUR APPLICATION).

DID YOU APPLY FOR A FEMA RELIEF GRANT? IF NOT, EXPLAIN _____. IF YOU DID, HAS YOUR REQUEST BEEN APPROVED, DENIED OR IS IT STILL PENDING? _____. IF IT WAS APPROVED, WHAT AMOUNT WAS YOUR RELIEF GRANT? \$ _____. (ATTACH COPY OF DOCUMENTATION SPECIFYING PAYMENT AMOUNT).

LIST OR ATTACH THE NAME, ADDRESS AND PHONE NUMBER OF ANY ADDITIONAL INSURER(S) OR ANY RELIEF AGENCY(IES) THAT YOU RECEIVED ASSISTANCE FROM, OR TO WHICH A CLAIM FOR DAMAGES TO THE AFOREMENTIONED PROPERTY HAS BEEN SUBMITTED: _____

IF PAYMENT HAS BEEN MADE, IN WHAT AMOUNT _____

PROVIDE A DETAILED DESCRIPTION OF THE DAMAGE OR PROPERTY LOSS INCURRED BY YOU OR YOUR IMMEDIATE FAMILY MEMBER RESIDING WITH YOU AT THE SAME PRINCIPAL PLACE OF RESIDENCE. LIST THE INDIVIDUAL COST OF EACH CONTENT ITEM. COMPLETE THE LIST AS INDICATED BELOW (USE ADDITIONAL PAGES, IF NECESSARY):

LOSS

PURCHASE VALUE

CURRENT VALUE

STRUCTURE

VEHICLE(S)

CONTENTS

ATTACH A COPY OF CLAIM FORMS SUBMITTED TO YOUR INSURANCE COMPANY, COPIES OF AT LEAST TWO REPAIR/REPLACEMENT ESTIMATES OR ITEMIZED RECEIPTS OF REPAIR BILLS FOR DAMAGED PROPERTY, AND PHOTOS OF THE DAMAGE. PHOTOS MUST BE LABELED WITH YOUR NAME AND ADDRESS. PLEASE DO NOT SEND VIDEOS. IN THE EVENT OF A HOME FIRE, ATTACH A COPY OF THE FIRE DEPARTMENT REPORT.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. I AM ALSO AWARE THAT ANY STATEMENTS MADE HEREIN WHICH ARE WILLFULLY FALSE ARE SUBJECT TO PENALTY UNDER APPLICABLE STATE AND FEDERAL LAWS. SUBMISSION OF THIS APPLICATION DOES NOT ENTITLE ME TO A CLAIM AGAINST THE POSTAL EMPLOYEES' RELIEF FUND, BUT CONSTITUTES A "REQUEST FOR ASSISTANCE" ONLY.

SIGNATURE _____ DATE _____

MAIL APPLICATION AND SUPPORTING DOCUMENTS AND PHOTOS TO:

POSTAL EMPLOYEES' RELIEF FUND
P.O. BOX 34422
WASHINGTON, DC 20043-4422

If you have questions, call (202) 408-1869 or go to the PERF website: www.postalrelief.com.