

ATU Disaster Relief Fund
Financial Assistance Request Form

1. Full name: _____

2. Social Security number: _____

3. ATU Local Union number: _____ Active or retired member: _____

4. Employer: _____

5. Member's address: _____
(Even if you are not currently living there.) _____

6. Member's current mailing address: _____
(Mailing address the Fund should use to correspond with you if different from above.) _____

7. Member's telephone number: _____

8. Description of the loss suffered (please describe in detail):

9. Description of the hardship suffered:

10. Signature: _____ Date: _____

Submit your Completed Request Form with Supporting Documentation to your Local Union

You must provide with this Request Form supporting documentation which allows the ATU Disaster Relief Fund to verify that you have suffered a loss or a hardship as a result of a disaster, and the extent and value of the loss or expense you incurred as a result of the disaster. Such documentation may include: a copy of an insurance claim form, a photograph of the damage, an estimate for repairs, a medical bill, or similar documents which confirm that you have suffered a loss and demonstrate the nature of the loss. Please contact your Local Union if you have questions.

For ATU Local Union President/Business Agent

Based on my review of this completed and signed Financial Assistance Request Form and the accompanying supporting documentation, and on all other information otherwise known to me, I certify that to the best of my knowledge and belief the statements on this Request Form are true and correct, and the claimant suffered the loss or hardship described above.

Signature

Name

Date

This Request Form completed and signed by the Local Union President/Business Agent and all supporting documentation must be received by the Disaster Relief Fund by November 23, 2020.