

## CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Emergency Assistance Application

(Please Type or Print)

A P P L I C A N T	APPLICANT'S NAME (LAST, FIRST, M.I.)			
	STREET ADDRESS			
	EMERGENCY ADDRESS			EMERGENCY TELEPHONE
	CITY	STATE		ZIP CODE
	HOME TELEPHONE	OFFICE TELEPHONE	CSEA NUMBER <span style="margin-left: 20px;">OR</span>	SOCIAL SECURITY NUMBER
	CHAPTER NAME & NO.			
	TYPE OF DISASTER (earthquake, fire, flood, etc./Name of fire)			DATE

1) Evacuated? YES  NO  If yes, please complete page 2, Evacuation Questionnaire

2) Complete loss? YES  NO  If yes, proof of loss is required.

Attach proof of mandatory evacuation order or verification/statement that an **official agency** deemed your primary place of residence **uninhabitable** and partially or temporarily condemned. (REQUIRED)

AGENCY (such as Fire, Police or City/County Building Department)

**\*If your emergency involves complete loss and you are unable to return home due to damage, completion of the attached evacuation questionnaire is not necessary. Proof of loss is required.**

**DEPENDENT INFORMATION**

Do you have dependent children in the home under the age of 18?  YES  NO

If yes, please indicate number of children and ages: \_\_\_\_\_

I certify under penalty of perjury that the information furnished in this application is true and correct. I understand that any misstatement or falsification may result in my disqualification.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

**RETURN TO: CSEA, Attn: Emergency Relief Program, 2045 Lundy Ave., San Jose, CA 95131  
OR Fax to: (408) 432-6249 OR Email to [humanitarian@csea.com](mailto:humanitarian@csea.com)  
(MUST BE SUBMITTED WITH IN 90 DAYS OF CATASTROPHIC EVENT)**

**Email**

