

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION Disaster Relief Fund 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 <i>OR</i>	SOCIAL SECURITY NUMBER
	CHAPTER NAME & NO.			
	TYPE OF DISASTER (earthquake, fire, flood, etc.)			DATE

O W N E R	LIST ALL EXISTING UNINSURED LOSSES OF APPLICANT (And Spouse or Co-Applicant)—\$2500 minimum net loss. Attach proof of loss such as appraisals, receipts, estimates, and any other documentation verifying your loss. Failure to attach supporting documentation may result in your disqualification. Please put a check in the box to the extreme right showing that your verification is attached. NOTE: For homeowners, personal items are not to be considered, only structural damage. (✓)		
	OWNER (structural damage and household goods over \$250)	\$	
	Indicate total dollar amount of assistance received from insurance company.	(\$)	
	DEDUCT VALUE OF ALL OTHER ASSISTANCE RECEIVED	(\$)	
	NET AMOUNT OF LOSSES	\$	

R E N T E R	LIST ALL EXISTING UNINSURED LOSSES OF APPLICANT (And Spouse or Co-Applicant)—\$2500 minimum net loss. Attach proof of loss such as appraisals, receipts, estimates, and any other documentation verifying your loss. Failure to attach supporting documentation may result in your disqualification. Please put a check in the box to the extreme right showing that your verification is attached. (✓)		
	RENTER (household goods over \$250)	\$	
	Indicate total dollar amount of assistance received from insurance company.	(\$)	
	DEDUCT VALUE OF ALL OTHER ASSISTANCE RECEIVED	(\$)	
	NET AMOUNT OF LOSSES	\$	

Attach verification of insurance	Insured <input type="checkbox"/> Yes <input type="checkbox"/> No
INSURANCE COMPANY (home and personal effects)	
NAME OF INSURANCE AGENT	OFFICE TELEPHONE

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
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Application reviewed and approved by Disaster Relief Fund Committee _____
Check # _____ Amount of Assistance \$ _____
Date of Board Authorization: _____ Check Issue Date: _____
RETURN TO: CSEA, Attn: Disaster Relief Program, 2045 Lundy Ave., San Jose, CA 95131 FOR OFFICE USE ONLY

Dorothy Bjork Disaster Relief Procedures

Eligibility for “damage assistance,” you must be a CSEA member in good standing or any CSEA employee. It must be any sudden catastrophic event causing great loss or destruction affecting any portion of the Association’s membership, and which has been declared as such.

An applicant must have suffered a minimum net loss of \$2500 to receive Dorothy Bjork Disaster Relief Fund assistance.

The deadline for receipt of this form to the Disaster relief Fund Administration Committee shall not be sooner than ninety (90) days following date of issuance of the written notification to the chapters.

The committee shall meet within fifteen (15) days of final deadline for receiving application to screen applications and determine the appropriate distribution of available funds. Should the committee determine that any applicant has sustained a net loss of less than \$2500; such applicant shall be declared ineligible and removed from further consideration. The committee shall recommend to the Board of Directors at its next regular or special meeting. Once the Board of Directors has approved the funds to be dispersed, the Executive Director or his/her designee shall cause the disaster assistance check to be issued within five (5) working days.

For full policy disclosures, please refer to CSEA Policy 1011.