



# NATIONAL ASSOCIATION OF CHAPTER THIRTEEN TRUSTEES FOUNDATION

**LEAVE BLANK - for NACTT FOUNDATION USE ONLY**

Date received: \_\_\_\_\_

Amount awarded: \$ \_\_\_\_\_

Date awarded: \_\_\_\_\_

New Applicant:  Yes  No

## DISASTER RELIEF APPLICATION FORM

**Directions:** Fill out this application as completely as possible. All numbered parts on both the front and back of this form (pages 3 & 4) and pages 4 (Financial Information) and 5 (Monthly Expenses) must be filled out, and it must be signed and dated (in Part 9), to receive consideration by the Officers and Directors of the NACTT Foundation who will be reviewing it.

**1. DISASTER EVENT (NAME OR TYPE AND DATE):** \_\_\_\_\_

**2. APPLICANT NAME:**

(Last, first, middle)

**3. This application is submitted on behalf of (include name, if not yourself) :**  Myself

Trustee: \_\_\_\_\_  Trustee employee: \_\_\_\_\_

Business: \_\_\_\_\_  Other: \_\_\_\_\_

**4. RELATED CH. 13 TRUSTEE NAME:** \_\_\_\_\_ **in (City & State):** \_\_\_\_\_

**5. RELATIONSHIP OF PERSON NAMED IN PART 3, ABOVE, TO THE NAMED TRUSTEE:**  Employee,  Spouse of Employee named: \_\_\_\_\_,  I am the Trustee,  Other (explain): \_\_\_\_\_

**6a. APPLICANT'S PERMANENT ADDRESS:**

(Street, city, state, zip code)

**6b. ALTERNATE ADDRESS (*where to send check*):**

(Name, street, city, state, zip code)

**7a. CONTACT INFORMATION (Primary):**

Primary phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

FAX number: \_\_\_\_\_

e-mail: \_\_\_\_\_

**7b. CONTACT INFORMATION (Alternate):**

Primary phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

FAX number: \_\_\_\_\_

e-mail: \_\_\_\_\_

**8a. AMOUNT REQUESTED: \$** \_\_\_\_\_

**8b. AMOUNT NEEDED: \$** \_\_\_\_\_

**NOTE: Maximum available assistance per Applicant per Event is \$5,000.00**

**IMPORTANT: Before signing and submitting, you must complete Parts 10 & 11 on page 3, and all of pages 4 and 5.**

**9. APPLICANT ASSURANCE:**

By signing below, I certify that all statements in this application are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative action, prosecution, or penalties. I agree that if there is any change in the information I have provided in or with this application I am required to notify the Foundation Contact for Questions (see p. 1 of application materials) of all such changes immediately. I also agree to provide promptly any additional information, reports, or updates requested by the Foundation both while considering this application and after a grant, if any, is awarded as a result of this application. I also certify that except as set forth in Parts 10 & 11 on the back side of this application no payment, goods, services, or other grants or awards have been received or requested from any other source, including insurance claims, in relation to the assistance sought in this application.

**Signature of Applicant\*:**

("Per" signature not acceptable) \_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signature of Person Named in Part 3\*:**

("Per" signature not acceptable) \_\_\_\_\_

**Date:**

\_\_\_\_\_

**\* NOTE: If signing as attorney-in-fact, you must attach a copy of the power of attorney.**

**You will be notified by the NACTT Foundation Assistance Committee within 30 days or less of receipt of your application. page 2**

**10. NARRATIVE EXPLANATION OF YOUR SITUATION:**

Please provide a short narrative explaining your personal situation (or the situation of the person on whose behalf you are submitting this application) in the space below. Include information that explains why you are applying and why you need financial assistance such as information related to your residence, your personal property, your employment (information about about insurance coverage that will help you recover your losses should be included in Part 11, below). Be sure to type or write legibly so that the reviewers can fully understand and appreciate your situation. You may attach additional explanation and pages, if necessary.

You are encouraged to attach photographs, receipts, estimates of the cost of repair or replacement of property, and that show loss of damage you have suffered, and/or other documentation supporting your request. If you have received an estimate of the total dollar amount of damage you have suffered, include that. Please note that the information you provide is subject to confirmation, and it is important that you include names and contact information (if available) for people or businesses the reviewers may contact for that confirmation or for additional information.

**11. DISCLOSURE OF OTHER RELIEF, ASSISTANCE, APPLICATIONS, OR FUNDS RECEIVED OR EXPECTED (INCL. INSURANCE):**

Of the two statements below, check the one that applies to you (or to the person for whom you are making this application), and provide any information requested below. (Attach additional pages and explanation, as appropriate).

- I certify that I have not (or the person for whom I am submitting this application has not) received any goods, services, or funds, or applied for any other assistance or relief, in relation to the assistance I am seeking by submitting this application.
- I have (or the person for whom I am making this application has) received or expect(s) to receive the following funds, payments, or relief from the following sources, or an insurance claim has been (or will soon be) made (include insurance information below), in relation to the loss that is the subject of this application.

**If an insurance claim has been or will soon be made:** the total dollar amount of loss is estimated to be \$\_\_\_\_\_, the limit of insurance recovery is \$\_\_\_\_\_, and there is a deductible amount of \$\_\_\_\_\_. So far, the total recovery received on the claim(s) is \$\_\_\_\_\_, which was paid to me for \_\_\_\_\_. I do not expect the claim to be settled until [date] \_\_\_\_\_. Additional information about my claims is:

*[Be sure to sign and date Part 9 on page 2, and attach or enclose all supporting documentation, before submission.]*

**FOR COMMITTEE USE ONLY:**

**FINANCIAL INFORMATION**

Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Position in Trustee's Office: \_\_\_\_\_

Are you paid hourly or salaried? \_\_\_\_\_

Do you have funds available in your bank account? \_\_\_\_\_

If yes, how much? \_\_\_\_\_

Will you or your spouse have wages during the disaster? \_\_\_\_\_

**MONTHLY INCOME:**

	Yourself	Spouse/ Significant other living with you
1. Monthly gross wages, salary, and commissions	\$ _____	\$ _____
2. Estimate monthly overtime	\$ _____	\$ _____
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (Specify):	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ _____	\$ _____
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ _____	\$ _____
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to you for your use or that of dependents listed above	\$ _____	\$ _____
11. Social security or government assistance (Specify): _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify): _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)	\$ _____	\$ _____
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ _____	\$ _____

**MONTHLY EXPENSES**

- 1. Rent or home mortgage payment (include lot rented for mobile home) 1. \$ \_\_\_\_\_
  - a. Are real estate taxes included? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Is property insurance included? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Utilities:
  - a. Electricity and heating fuel 2a. \$ \_\_\_\_\_
  - b. Water and sewer 2b. \$ \_\_\_\_\_
  - c. Telephone 2c. \$ \_\_\_\_\_
  - d. Other(Specify) \_\_\_\_\_ 2d. \$ \_\_\_\_\_
- 3. Home maintenance (repairs and upkeep) 3. \$ \_\_\_\_\_
- 4. Food 4. \$ \_\_\_\_\_
- 5. Clothing 5. \$ \_\_\_\_\_
- 6. Laundry and dry cleaning 6. \$ \_\_\_\_\_
- 7. Medical and dental expenses 7. \$ \_\_\_\_\_
- 8. Transportation (not including car payments) 8. \$ \_\_\_\_\_
- 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 9. \$ \_\_\_\_\_
- 10. Charitable contributions 10. \$ \_\_\_\_\_
- 11. Insurance (not deducted from wages or included in home mortgage payments)
  - a. Homeowner's or renter's 11a. \$ \_\_\_\_\_
  - b. Life 11b. \$ \_\_\_\_\_
  - c. Health 11c. \$ \_\_\_\_\_
  - d. Auto 11d. \$ \_\_\_\_\_
  - e. Other \_\_\_\_\_ 11e. \$ \_\_\_\_\_
- 12. Taxes (not deducted from wages or included in home mortgage payments)  
(Specify) \_\_\_\_\_ 12. \$ \_\_\_\_\_
- 13. Installment payments:
  - a. Auto 13a. \$ \_\_\_\_\_
  - b. Other \_\_\_\_\_ 13b. \$ \_\_\_\_\_
  - c. Other \_\_\_\_\_ 13c. \$ \_\_\_\_\_
- 14. Alimony, maintenance, and support paid to others 14. \$ \_\_\_\_\_
- 15. Payments for support of additional dependents not living at your home 15. \$ \_\_\_\_\_
- 16. Regular expenses from operation of business, profession, or farm  
(Attach detailed statement) 16. \$ \_\_\_\_\_
- 17. Other \_\_\_\_\_ 17. \$ \_\_\_\_\_
- 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17) 18. \$ \_\_\_\_\_

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 20. STATEMENT OF MONTHLY NET INCOME
  - a. Average monthly income from Line 16 of Monthly Income 20a. \$ \_\_\_\_\_
  - b. Average monthly expenses from Line 18 of Monthly Expenses 20b. \$ \_\_\_\_\_
  - c. Monthly net income (a. minus b.) 20c. \$ \_\_\_\_\_