

## Union Hurricane Ian Disaster Relief Grant Application

The Hurricane Ian Disaster Relief Fund provides direct assistance of up to \$500 (per calendar year) to member households that sustain significant losses to primary dwellings, personal property, vehicles, and evacuations, due to federally or state-declared disasters. Grant sizes depend on the availability of funds and the presence of appropriate documentation that shows evacuation costs, dwelling damage, personal property loss, and/or vehicle loss/car rental that is equal to or exceeds \$500.

To apply for a grant:

- You must be a dues-paying member at the time funds are disseminated.
- This form must be completed and returned to your local president for verification.
- Please note, filling out the form does not guarantee the receipt of funds.
- When the funds are depleted, each local president will be notified.

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
First MI Last

Original address: \_\_\_\_\_  
\_\_\_\_\_

Temporary address: \_\_\_\_\_  
(If different from original.)  
\_\_\_\_\_

Current home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Union local name: \_\_\_\_\_ Union local #: \_\_\_\_\_

Job title/work site position: \_\_\_\_\_

Current work site name: \_\_\_\_\_

Work address: \_\_\_\_\_  
\_\_\_\_\_

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

Dwelling losses (Please attach documentation of losses.)

Dwelling information (permanent address):

☐ Own

☐ Rent (if renter, go to personal property losses.)

Please indicate the type of damage your home suffered. Provide a bill for proof of residency (ex. cable, internet, phone, or insurance bill with member's address of dwelling) :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated amount of home loss/damage: \$ \_\_\_\_\_

Personal property losses. (Please attach documentation of losses.) These losses include furniture, electronics, clothing, teaching materials in your home, appliances, and food spoilage.

---

---

---

Estimated amount of personal property losses: \$ \_\_\_\_\_

Vehicle/equipment losses. (Please attach documentation of losses and vehicle registration in member's or family member's name)

Did any vehicle you own sustain damage? ☐ Yes ☐ No  
Was any vehicle you own declared a total loss? ☐ Yes ☐ No

Auto repair/replacement estimate: \$ \_\_\_\_\_

Evacuation/relocation losses. (Please attach documentation of expenses.)

Did you have to evacuate because of the disaster? ☐ Yes ☐ No

If yes, did you go to:

☐ Public shelter ☐ Motel/hotel  
☐ Family/friends ☐ Other \_\_\_\_\_

Evacuation/relocation losses: \$ \_\_\_\_\_

Is there any other information you would like to share with your local?

---

---

---

---

PLEASE RETURN THIS FORM TO YOUR LOCAL PRESIDENT WITH DOCUMENTATION AS SOON AS POSSIBLE.

I certify that the information provided in this application is correct to the best of my knowledge.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's signature \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

I certify that the funds in the amount of \_\_\_\_\_ dollars were received.

Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's signature \_\_\_\_\_ Date: \_\_\_\_\_