



NALC Disaster Relief Foundation

APPLICATION FOR RELIEF GRANT FOR NALC MEMBERS ONLY

(Active and Retired City Letter Carriers in good standing at the time of the disaster)

Mail directly, along with required supporting documentation to:

NALC Disaster Relief Foundation
National Association of Letter Carriers
100 Indiana Ave., NW
Washington, DC 20001-2144
202-423-2443

PERSONAL INFORMATION (PLEASE PRINT):

DATE OF LOSS: _____ NATURAL DISASTER TYPE: _____

FULL NAME: _____ BRANCH: _____

HOME TELEPHONE: _____ CELL: _____ EMAIL: _____

CURRENT MAILING ADDRESS: _____

It is the member's responsibility to ensure NALCDRF is advised of any change in your mailing address or other listed contact information.

ATTACH SUPPORTING DOCUMENTATION (pictures of home/auto/property damage, copies of bills or receipts)

Type of loss/damage:

() Home () Auto () Personal Property

ADDRESS OF "PRIMARY" RESIDENCE:

PRIMARY RESIDENCE: _____

NALC STATUS: [] ACTIVE [] RETIRED

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MEMBER MUST SIGN AND DATE THE FOLLOWING STATEMENT:

I hereby certify that the information provided herein is true and accurate. I am also aware that any statements made herein which are willfully false are subject to penalty, including fines and imprisonment under applicable state and federal laws. If I make such statements I will be required to make full restitution to NALCDRF for any NALCDRF relief grant received under this application and will be ineligible for any future NALCDRF grant. I understand that submission of this application merely constitutes a request for assistance and does not entitle me to assistance.

SIGNATURE OF MEMBER: _____ DATE: _____

NALC Disaster Relief Foundation

Eligibility Criteria

Mailing Address:

100 Indiana Ave., NW

Washington, DC 20001-2144

Email: DisasterReliefFoundation@nalc.org

Website: www.nalc.org * Phone: 202-423-2443

(Effective for natural disasters occurring on or after July 20, 2018)

Relief grants are only considered for property damage sustained to a “primary residence,” auto or personal property, such as but not limited to, a hurricane, flood, tornado, wildfire, earthquake or severe storm.

1. Member must be (1) an active City Letter Carrier of the National Association of Letter Carriers in good standing or (2) a retired City Letter Carrier of the National Association of Letter Carriers in good standing, at the time of the disaster.
2. For verification of eligibility the member must be the “owner” of any property claimed and must provide documentation to verify their ownership.
3. Members do NOT have to wait for emergency relief or insurance claims to be settled for documents to be considered proper in order to apply.
4. All members having been temporarily displaced from their primary residence because the residence is “uninhabitable” MUST submit a signed, personal narrative detailing the specific reasons for the displacement and the anticipated duration of the displacement.
5. Applications for grants from NALCDRF must be received no later than 120 days from the date that the natural disaster occurred, unless the applicant can provide sufficient reason(s) why the applicant was unable to complete and submit the application prior to this deadline. Requests for exceptions will be considered by the NALCDRF Directors on a case-by-case basis.
6. Applications will be reviewed by the NALCDRF Directors within seven (7) business days of receipt; incomplete applications will not be reviewed. Members are encouraged to keep a copy of the completed application for their personal records and for reference should questions arise during the review process.

Primary Resident and/or Personal Property Loss Narrative
Submit with application and other required documentation to:
NALC Disaster Relief Foundation
National Association of Letter Carriers
100 Indiana Ave., NW
Washington, DC 20001-2144
202-423-2443

In the space provided below, member must legibly detail the specific reasons for the displacement and the anticipated duration of their displacement from their primary residence (uninhabitable or damaged) or personal property loss. Attach additional pages if necessary.

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MEMBERS MUST ALSO SIGN AND DATE THE FOLLOWING STATEMENT:

I hereby certify that the information stated within my personal narrative describing in detail the specific reasons for the displacement from my primary residence, and/or personal property loss, is true and accurate. I am aware that any statements made herein which are willfully false are subject to penalty, including fines and imprisonment under applicable state and federal law. If I make such statements I will be required to make full restitution to NALCDRF for any NALCDRF relief grant received under this application and will be ineligible for any future NALCDRF grant.

SIGNATURE OF MEMBER: _____ DATE: _____