

RULES AND GUIDELINES GOVERNING RELIEF FORM 101

1. The question of "NEED" must be answered by all applicants. Relief Assistance is **not automatic** and will only be considered on merit, documentation and determination by the local association.
2. Include all statements (explanation of benefits) from insurance carriers.
3. Include all bills, vouchers, invoices or other supporting documents.
4. All applications for relief must have a total accumulation of \$100.00 or more in expenses.
5. Routine dental, eye examinations, eye glasses, elective procedures and cosmetic surgery cannot be considered as "Need."
6. Loans, car insurance, house insurance, maintenance of property and property taxes, etc. are not to be considered as "Need," but should be considered as monthly expense.
7. All sections of the Local Relief Application Form 101, must be completed as follows:

Section 1 - To be filled in by the local relief association.

Sections 2 - 4 - To be filled in by applicant making application.

Section 5 - To be filled in by applicant making application. All Lines must show Amount or "0."

Section 6 – Statement of need and signature of applicant making application.

Section 7 - To be filled in by applicant making application. All Lines must show Amount or "0."

Section 8 - To be filled in by Board of Trustees making the investigation.

Section 9 - To be filled in by Board of Trustees.

Section 10 - To be filled in by Board of Representatives.

All Requests for relief assistance requires a new application.

**NEW JERSEY STATE FIREMEN'S ASSOCIATION**

**AUTHORIZATION AND CONSENT  
FOR RELEASE AND REVIEW  
OF ANY AND ALL FINANCIAL RECORDS**

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The applicant hereby authorizes and consents to the release and review of (his) (her) Financial records by the New Jersey State Firemen's Association and by (his) (her) local association Officers, for the purpose of determining eligibility for relief benefits from the New Jersey State Firemen's Association (and) (or) the local relief association, in accordance with the requirements of N.J.S.A. 43:17-24 and Article VII of the General Relief Fund Rules.

The New Jersey State Firemen's Association is required to protect the confidentiality of information. All Officers are required to comply with our policies.

INSTRUCTIONS FOR INVESTIGATION OF RELIEF APPLICANTS BY LOCAL RELIEF BOARDS

(TRUSTEES AND REPRESENTATIVES)

INTRODUCTION

These guidelines are provided to assist you, the local board with your investigation of the applicant and the completion of relief application, Form 101.

RELIEF APPLICATION - FORM 101

The intended use of this form, is to provide the respective boards with information pertaining to the applicant's request for supplementary financial assistance, and in determining the "NEED."

WHAT IS "NEED"

"NEED" IS: Imperative Demand \*\*\*\*\* Time of great difficulty \*\*\*\*\* Crisis \*\*\*\*\* Urgency

"NEED" is a state of circumstances requiring something!

It is important to remember, while a financial loss may be shown, there may not be the "NEED." "NEED" and financial loss do not necessarily go hand in hand. (Example: The person may have a financial loss, but have financial means and can afford to cover the financial loss without the use of local relief, thus no "NEED" would then exist.

It is expected of each Board that thorough investigation of all sections of the application must be completely filled out.

**All information given must be held in strict confidence.**

NEW JERSEY STATE FIREMEN'S ASSOCIATION

(REQUIRED BY LOCAL ASSN.)

APPLICATION FOR LOCAL RELIEF  
New Jersey State Firemen's Association

Form 101  
Rev. 1/15

ASSN. NO.	COMP. NO.	LINE NO.
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Date \_\_\_\_\_

**1** **IMPORTANT NOTE:** This application is for local relief only. It must be retained and available for audit. It is imperative that all data requested on this application be answered. To omit any information may delay action on your application.

**PRE-REQUISITE:** Applicant must be a member of the above association or dependent spouse, dependent or disabled children in need of relief.

The \_\_\_\_\_ Firemen's Relief Association of \_\_\_\_\_  
County on behalf of member \_\_\_\_\_

**2** Applicant (Mr. Mrs. Miss) \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Spouse \_\_\_\_\_ Age \_\_\_\_\_ Number of dependent children \_\_\_\_\_  
Phone No. \_\_\_\_\_

**3** REASON FOR RELIEF REQUEST:  Illness  Injury \*  Other

Did injury result from Fire Service? \*  Yes  No  
Is request due to loss of income? \*  Yes  No

**4** DO YOU HAVE THE FOLLOWING HOSPITAL/MEDICAL COVERAGE?

Hospital Coverage  Prescription Drug Coverage  
 Major Medical Coverage \*  Others (List) \_\_\_\_\_  
 Medicare Coverage Attach all benefit statements

**5** FIXED ASSETS:

Assessed Value of Primary Residence	\$ _____	Monthly Mortgage	\$ _____
Assessed Value of Other Real Property	\$ _____	Monthly Mortgage	\$ _____
Value of Personal Property	\$ _____		
	Certificate of Deposit	\$ _____	
	Savings Account	\$ _____	
TOTAL INVESTMENT VALUE	Checking Account	\$ _____	
	* Other Investments	\$ _____	

**6** APPLICANT'S STATEMENT OF NEED:

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

All information provided on this application, is true to the best of my knowledge

(Required by Local Assn.)

**APPLICATION FOR LOCAL RELIEF**  
New Jersey State Firemen's Association

Form 101  
Rev 1-16

ASSN. NO.	COMP. NO.	LINE NO	

Date \_\_\_\_\_

**7 Monthly Income Net**

Primary Monthly \$ \_\_\_\_\_

Secondary Monthly \$ \_\_\_\_\_

Dependents \$ \_\_\_\_\_

Property \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**Monthly Expenses Net**

Rent \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

**Utilities:**

Gas \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Water/Sewer \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Credit Card Pymts \$ \_\_\_\_\_

**Loans:**

Auto \$ \_\_\_\_\_

Equity \$ \_\_\_\_\_

**Other:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

**ALL SUPPORTING DOCUMENTATION MUST BE SUPPLIED WITH APPLICATION**

8 REPORT OF TRUSTEES

We the undersigned members of the Board of Trustees have investigated the application and find that statement listed this application are \_\_\_\_\_ or not \_\_\_\_\_ in order.

SIGNATURE \_\_\_\_\_ TRUSTEE

SIGNATURE \_\_\_\_\_ TRUSTEE

SIGNATURE \_\_\_\_\_ TRUSTEE

9 ACTION: BOARD OF TRUSTEES

The Board of Trustees at a meeting on \_\_\_\_\_ recommend that Relief be granted \_\_\_\_\_ denied \_\_\_\_\_ in the total amount of \$ \_\_\_\_\_

Payable \$ \_\_\_\_\_ Monthly, \$ \_\_\_\_\_ Quarterly, \$ \_\_\_\_\_ Lump Sum

SIGNATURE \_\_\_\_\_ TRUSTEE CHAIRMAN

SIGNATURE \_\_\_\_\_ TRUSTEE SECRETARY

Date approved \_\_\_\_\_

10 ACTION: BOARD OF REPRESENTATIVES

The Board of Representatives at a meeting held on \_\_\_\_\_ approved \_\_\_\_\_ disapproved \_\_\_\_\_ the trustees' recommendation and ordered same Paid \_\_\_\_\_ Filed \_\_\_\_\_.

SIGNATURE \_\_\_\_\_ President

SIGNATURE \_\_\_\_\_ Secretary

SIGNATURE \_\_\_\_\_ Treasurer

Check Nos.	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Amount granted previous year \$ \_\_\_\_\_

Amount approved to date this year \$ \_\_\_\_\_

\*Please attach a separate page providing details and bills.

INSTRUCTIONS FOR THE BOARD OF TRUSTEES AND BOARD OF REPRESENTATIVESFOR REVIEW OF RELIEF APPLICATION - FORM 101

Review Form 101-A to be certain that all instructions have been followed and all sections of the form have been fully completed.

Section 1. Self explanatory.

Section 2. Self explanatory.

Section 3. Check the appropriate box for reason of requesting relief. If there is a check mark in any block with an asterisk (\*), a review of all attached documents must be made. Attached documents are required.

Section 4. Self explanatory.

Section 5. Answers to these questions in Section 5 should provide an overview as to the value of the applicant.

Section 6. Details on the determination of "NEED" must be explained. The signature of the applicant must appear along with the date.

Section 7. Very important - all income (including spouse) and expenses must be reported to determine the net monthly financial position of the applicant. All areas indicated by an asterisk (\*) must be supported by attached documents.

In Summary: Section 2 through 8 inclusive should provide you with:

- A. The applicant's reason for relief.
- B. Other benefits that have or will be paid.
- C. Assets of the applicant.
- D. Monthly income and expenses of the applicant.

This information should give you the financial position of the applicant.

Section 8. Minimum of three (3) trustees must sign the application, and give an indication of order are \_\_\_\_\_ or not \_\_\_\_\_ in order.

Section 9. All areas of Section 9 must be completed by the Board of Trustees, signed and dated.

Section 10. All areas of Section 10 must be completed by the Board of Representatives, signed and dated.

**PLEASE NOTE - The Board of Representatives are not mandated to concur with the Board of Trustees recommendation. Final determination of the application lies with the Board of Representatives.**

While these instructions may not cover every circumstance you may be called upon to evaluate, it is hoped that the general concept will assist you in making your determination.

Should you have any questions, please contact the New Jersey State Firemen's Association, 1700 Galloping Hill Road, Kenilworth, New Jersey 07033 (Phone 1-800-852-0137).