

APPLICATION FOR LOCAL RELIEF FORM #101
New Jersey State Firemen's Association

GUIDELINES FOR COMPLETING THE APPLICATIONS FOR RELIEF

All sections of the Relief Application must be completed as follows:

Association/Company/Line number to be filled in by the Local Relief Association on **all pages**.

Section 1 – Completed by the Local Relief Association and verification of eligibility to receive Relief must be made.

Section 2 – Completed by the applicant (basic information).

Section 3 – Applicant should check the appropriate box for reason of requesting relief.

Section 4 – Completed by the applicant (check appropriate boxes).

Section 5 – Completed by the applicant.

All lines must show an amount or “0.” Answers to these questions should provide an overview as to the value of the applicant (applicant's assets).

Section 6 - Statement of need – Completed by the applicant.

The statement of need should be as complete and detailed as necessary to allow the reader to understand the circumstances surrounding the request for relief. If necessary, the statement of need may be typed on a separate page and attached to the relief application.

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

This section is broken down into three areas: Monthly Income, Monthly Expenses, and One Time/Special Expenses Net (each area needs to be completed).

Very important - all household income (including spouse/partner/roommate) and expenses must be reported to determine the net monthly financial position of the applicant (household). All areas filled in must be **supported by attaching documents** to justify the number entered. This information should give you the financial position of the applicant.

Section 8 – Applicant must sign application.

Section 9 - Completed by the Board of Trustees making the investigation.

Trustee Chairman and Trustee Secretary must make sure all areas of this section are completed. The Board of Trustees must sign and date when finished.

Section 10 – Completed by the Local Officers and the Board of Representatives.

The Local Secretary and the Local Treasurer must make sure all areas of this section are completed. The Local Officers must sign and date when finished, Treasurer must fill in and include the amounts of relief approved in previous years along with the check numbers and amounts of relief for the current year.

Review Form 101 to be certain that all instructions have been followed and all sections of the form have been fully completed. All information given must be held in strict confidence.

REFER TO THE TRUSTEE MANUAL FOR FURTHER ASSISTANCE AND INSTRUCTIONS IN COMPLETING THIS APPLICATION.

APPLICATION FOR LOCAL RELIEF
New Jersey State Firemen's Association

ASSN. NO. COMP. NO. LINE NO

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 named relief 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. Ms.) _____ Relation _____ Age _____
Address _____ Town _____ State _____ Zip _____
Phone No. _____ Occupation _____ No. of dependent children _____
Spouse/Partner/Roommate _____ Age _____ Occupation _____

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 Medicare Coverage Prescription Drug Coverage Major Medical Coverage

Others (List) _____ Attach all benefit statements

Yes No Receiving Medicaid Benefits – Applicants receiving Medicaid Benefits are not eligible to receive relief

5. ASSETS:

Assessed Value of Primary Residence \$ _____ Monthly Mortgage \$ _____

Assessed Value of Other Real Property \$ _____ Monthly Mortgage \$ _____

Total Value of Personal Property \$ _____

INVESTMENT VALUE: Certificates of Deposit \$ _____ Stocks \$ _____

Saving Accounts \$ _____ Bonds \$ _____

Checking Accounts \$ _____

Other Investments \$ _____

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ASSN. NO.	COMP. NO.	LINE NO

6. APPLICANT'S STATEMENT OF NEED: (Attach additional sheet of explanation if necessary)

7. Monthly Income Net

Primary Monthly \$ _____
 Secondary Monthly \$ _____
 Dependents \$ _____
 Property \$ _____
 Social Security \$ _____
 Other Income \$ _____

Total Monthly Income \$ _____

Monthly Expenses Net

Rent or Mortgage \$ _____
 Taxes (not incl. w/mort.) \$ _____
 Equity (Second Mortgage) \$ _____

Utilities:

Gas \$ _____
 Electric \$ _____
 Cell phone \$ _____
 Water/Sewer \$ _____
 Cable/Internet \$ _____

Food \$ _____
 Clothing \$ _____
 Credit Card Payments \$ _____

Loans:

Auto \$ _____
 Personal \$ _____
 Student \$ _____

Insurances:

Auto \$ _____
 Home (not incl. w/mort.) \$ _____
 Medical (not incl. w/ Pay) \$ _____
 Life \$ _____

Other:

Monthly Prescriptions \$ _____
 _____ \$ _____
 _____ \$ _____

Total Monthly Expenses \$ _____

One Time / Special Expenses Net

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total One Time / Special Expenses \$ _____

Copies of supporting documentation for every dollar value on this page must be supplied with application. Expenses listed should be net of any insurance or other reimbursement expected or received. Past due balances should be reflected on copies of statements provided. Deductions from payroll or other income sources should not be repeated on the list of monthly expenses.

ASSN. NO.	COMP. NO.	LINE NO
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**NEW JERSEY STATE FIREMEN'S ASSOCIATION AUTHORIZATION AND
CONSENT FOR RELEASE AND REVIEW OF ANY AND ALL FINANCIAL
AND MEDICAL RECORDS RELATED TO THIS APPLICATION.**

8. The applicant hereby authorizes and consents to the release and review of (his) (her) Financial and Medical records by the New Jersey State Firemen's Association and by (his) (her) Local Relief 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. All information provided on this application is true to the best of my knowledge.

APPLICANTS SIGNATURE _____ DATE _____

9. ACTION: BOARD OF TRUSTEES

We, the undersigned members of the Board of Trustees have investigated the application and find that statements listed on this application (are) (are not) in order.

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

Payable: \$ _____ Monthly, \$ _____ Quarterly, \$ _____ Lump Sum, \$ _____ Direct to Vendors (bills)

SIGNATURE _____ TRUSTEE CHAIRMAN – PRINT NAME _____

SIGNATURE _____ TRUSTEE SECRETARY – PRINT NAME _____

SIGNATURE _____ TRUSTEE – PRINT NAME _____

10. ACTION: BOARD OF REPRESENTATIVES

The Board of Representatives at a meeting held on _____ (approved) (modified) (disapproved) the Trustees' recommendation and ordered \$ _____ be (Paid) (Filed).

SIGNATURE _____ PRESIDENT – PRINT NAME _____

SIGNATURE _____ SECRETARY – PRINT NAME _____

SIGNATURE _____ TREASURER – PRINT NAME _____

Amount approved to date this year \$ _____		<u>THIS YEAR'S PAYMENTS</u>		
	Check #	Amount	Check #	Amount
Amount granted previous year \$ _____	_____	_____	_____	_____
Amount granted 2 years ago \$ _____	_____	_____	_____	_____
Amount granted 3 years ago \$ _____	_____	_____	_____	_____
Amount granted 4 years ago \$ _____	_____	_____	_____	_____

SUGGESTED
New Jersey State Firemen's Association
1711 Route 34 • Wall Township, New Jersey 07727-3934
Telephone: (732) 798-8137 • (800) 852-0137
Fax: (732) 938-2580

SUGGESTED RELIEF ASSISTANCE SCALE - EFFECTIVE 01/01/2022

LOCAL REUEF ASSOCIATION			LOCAL			SPECIAL			SUPPLEMENTARY		
PRIOR Y/E ASSET RANGE			RELIEF			RELIEF			RELIEF		
(DOLLARS)			LIMIT			LIMIT			LIMIT		
			STEP 1			STEP 2			STEP 3		
\$	0	TO	\$	10,000	\$	1,500.00	\$	7,500.00	\$	6,000.00	
\$	10,001	TO	\$	20,000	\$	1,750.00	\$	7,250.00	\$	7,000.00	
\$	20,001	TO	\$	50,000	\$	2,000.00	\$	7,000.00	\$	8,000.00	
\$	50,001	TO	\$	80,000	\$	2,250.00	\$	6,750.00	\$	9,000.00	
\$	80,001	TO	\$	120,000	\$	2,750.00	\$	6,250.00	\$	11,000.00	
\$	120,001	TO	\$	160,000	\$	3,000.00	\$	6,000.00	\$	12,000.00	
\$	160,001	TO	\$	200,000	\$	3,250.00	\$	5,750.00	\$	13,000.00	
\$	200,001	TO	\$	250,000	\$	3,500.00	\$	5,500.00	\$	14,000.00	
\$	250,001	TO	\$	350,000	\$	3,750.00	\$	5,250.00	\$	15,000.00	
\$	350,001	TO	\$	500,000	\$	4,000.00	\$	5,000.00	\$	16,000.00	
\$	500,001	TO	\$	750,000	\$	4,250.00	\$	4,750.00	\$	17,000.00	
\$	750,001	TO	\$	1,000,000	\$	4,500.00	\$	4,500.00	\$	18,000.00	
\$	1,000,001	TO	\$	ABOVE	\$	5,750.00	\$	3,250.00	\$	23,000.00	

- **Funded and paid for** by the Local Relief Association.
- **Funded and paid by** the NJSFA office. Local Associations with 1,000,001 dollars or more **will fund it after it is approved** by NJSFA office.

ADOPTED BY THE EXECUTIVE COMMITTEE OF THE NEW JERSEY STATE FIREMEN'S ASSOCIATION 2/25/2023.

Special Relief Fund Application (Form 113) must be completed after Local Relief Payment Scale (Step 1) has been fully paid and **PRIOR TO** or **AT THE SAME TIME** as Application for Supplementary Relief (Form 102) being submitted. Special Relief is paid by the State Office for Associations under 1,000,001 dollars after **approval by the Advisory Committee** and paid by the local association if 1,000,001 dollars or over **after approval by the Advisory Committee**.

Supplementary Relief must be approved by the State Office Advisory Committee prior to being paid by the Local Association.

Relief is calculated on a calendar year basis and applications for Special and supplementary relief must be received in the State Office by December 1st to be considered for the current calendar year.

LOCAL RELIEF LEVELS FOR A GIVEN YEAR ARE CALCULATED BASED ON YOUR PRIOR YEAR DECEMBER 31ST ASSOCIATION BALANCE AND DO NOT CHANGE DURING THE YEAR EVEN IF YOUR ASSOCIATION Balance CHANGES WITHIN THE YEAR.

Relief Application Guidance Document

This document is provided to offer general guidelines for providing financial relief to those in need.

- If an applicant requires financial relief assistance, he or she must complete a Local Relief Application (form # 101) first. The applicant should be assisted in completing the Local Relief Application by the Trustees from his or her local association.
 - Blank copies of the Local Relief Application may be obtained from the Local Relief Association Secretary, from the State Association office, from the State Association website under the forms section, or by contacting the Executive Committee member for the applicant's respective county.
- Who is eligible to apply for relief?
 - Primarily, any member of a Local Relief Association.
 - Under special/rare circumstances, their spouse or dependents are eligible to apply directly for relief.
 - Once a member becomes a qualified member (completion of 84 qualified months of service) that member is entitled to lifetime benefits regardless of their continued membership in a fire company but can only apply to the Local Relief Association where the membership line number resides.
 - When a "Qualified" member passes away, that member's spouse is also entitled to relief benefits until the spouse dies or remarries.
 - Dependent children are also entitled to relief up to the age that they cease being a dependent. A special needs child that remains a dependent of the member would be entitled to the balance of their natural life. Documentation must be provided substantiating a special needs classification for a dependent.
- The relief application must be completed in its entirety to be considered.
 - This includes identifying all income for the applicant and their spouse, any disability or unemployment compensation, rental income, royalties, social security, or any other income.
 - In joint living arrangements this can present difficulty. While not legally married, a couple may be sharing expenses. In these cases, it is prudent to identify the total household income when deciding of the need for relief.
 - The Trustees should require the applicant to provide copies of pay stubs and may also request income statements and complete tax returns to substantiate a request for relief.
 - The applicant must also document their monthly living expenses.
 - Any monthly expense listed should have a copy of a bill attached verifying the amounts listed.
 - Credit card statements should be examined to break out eligible and ineligible expenses. Credit card statements should also be examined to determine if listed charges have already been reported as expenses on the application. Only eligible unduplicated expenses may be considered for payment. This amount should be reflected in the application.
 - Efforts should be made to create a payment program or workout agreement. The applicant should be encouraged to seek credit counseling particularly where their debt load is high and difficult to manage.
 - If the applicant is requesting relief due to medical expenses the applicant must provide original copies of all invoices and an explanation of benefits received from any medical insurance provider reflecting what has been paid and what is still due and owing. The unreimbursed amount would be considered an eligible medical expense.

- Relief funds are not intended to automatically reimburse co-pays or deductibles for medical expenses. They may be calculated in the overall expenses, but expenses must exceed income. One-time large expenses should be evaluated on a case-by-case basis.
- Where there is a large or extraordinary medical expense, identify what steps have been taken to establish a payment program or workout agreement with a provider.
- If the applicant is requesting relief due to the loss of income for any reason, the applicant needs to document what their income was and what income was lost plus expenses for the period. The applicant must also show what income they have now.
- The applicant should also be prepared to explain steps taken to reduce expenses during the period of income loss. Examples would include using available funds including emergency savings prior to requesting relief, reducing utility expenses to the extent possible, reducing recreational expenses, etc.
- The statement of need should be as complete and detailed as necessary to allow the reader to understand the circumstances surrounding the request for relief. If necessary, the statement of need may be typed on a separate page that would then be attached to the relief application.
- Every relief application must be signed by the applicant, the trustees, and the officers where appropriate.
- Relief applications should be treated as confidential documents and should not be discussed in public venues.
- ALL RELIEF APPLICATIONS MUST HAVE PROPER SUPPORTING DOCUMENTATION.
 - The Trustees that review the application are responsible to ensure that this supporting documentation is made part of the relief application package.
 - All documentation should be originals that may be examined and photocopied, and the original bills should then be returned to the applicant. Photocopies made by the trustees should be kept as a part of the relief application package.
- In most cases, an applicant's expenses should exceed their income when examining their monthly income and expenses.
 - The applicant must have a financial need to request financial assistance. There may be one or several circumstances that create this financial need.
 - One could be medical bills that create a hardship that the member is not able to meet.
 - Another could be the loss of income that results from being out of work due to illness, injury, or loss of a job or employment (layoffs, plant closing, job elimination, etc.).
 - A one-time event that creates a financial hardship such as a catastrophic event may also be considered. Examples are a fire, a flood, or other extreme calamity.
- The key is there must be need and that need must be documented. Relief is not automatic and is not guaranteed. Every application is to be judged on its own merits. You should also recognize that not all family structures are the same. The traditional nuclear family now comprises less than 50% of all families. We have domestic partnerships, alternative living arrangements, more adult children living with their parents and their own children, unmarried coupling in shared living arrangements, etc. In short, each local association knows their own membership better than anyone else.
- An applicant is expected to use the resources that he or she has readily available to meet their needs when applicable. This could include an applicant's regular checking account, emergency funds, and cash on hand within reason. Relief funds would be for expenses that exceed those resources.
 - An applicant is not expected to go further into debt before applying for and receiving relief funds. Obtaining loans and remortgaging a home is a time-consuming process at a time when the applicant may not have time to obtain such funds. Further, banks and other

lending institutions often use the ability to pay when evaluating a loan option. An applicant in financial distress may not even qualify for a loan so it is unreasonable to expect them to go through this process.

- Additionally, an applicant is not expected to liquidate their retirement accounts or funds to obtain relief. Doing so often results in a financial penalty that we do not want our members to incur.

Recurrent Applications for Relief

- There may be some cases where an individual files an application for relief on an ongoing basis from one year to the next.
- There may be occasions where relief is warranted based on an individual's circumstances.
 - An example may be a widow or widower living on a fixed income with limited assets.
- Conversely, a Local Relief Association may receive applications on a recurring basis because the applicant has taken no action to improve their own situation. The fact is that every application for relief should be judged on its own merits and not all applications warrant approval.
- As part of reviewing an application for relief the Trustees should consider whether it is appropriate to make recommendations to the applicant to make changes to their lifestyle.
 - Other actions that the trustees may suggest if the applicant's situation shows no signs of improving over the long term include seeking financial counseling, downsizing their homes, or even filing for bankruptcy.
 - If the member is claiming a disability, ascertain if the member has filed with the Social Security Administration for disability.

Items that may not be considered or paid for using relief funds.

- Recreational expenses – this includes vacations, recreational travel, tickets for sporting events, concerts and related type activities, rental vehicles. This also includes club memberships and associated fees, boat slip fees.
- Payments for pets including grooming, boarding, veterinarian fees, or food for animals. This also includes animal care such as padding for horses and farm operations.
 - Note: Service animals such as a Seeing Eye dog may be considered based on financial need and constraints.
- IRS and/or Income taxes and penalties, self-employment taxes, or excise taxes.
- Restitution arising from any civil or criminal proceeding including court ordered payment, arbitration, or settlement conferences.
 - This is not to be confused with child support and in particular payment of medical expenses, food, or necessary expenses for the welfare of dependents.
- Meals at restaurants.
- Designer apparel includes wearing apparel, accessories, and eyeglasses.
- Elective or cosmetic surgery.
- Flowers for funerals, wakes, hospital stays, well wishes, or other related type intentions.
- Attorney's fees.
- Union dues or association dues.
- Private school tuition.
- Expenses/maintenance fees related to second homes, vacation homes, and timeshare properties.
- Luxury items such as boats, airplanes, etc.

Individuals that are Medicaid recipients are not eligible for relief payments due to US Government rules covering Medicaid.