

APPLICATION FOR RELIEF FORM #101
New Jersey State Firefighter'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.

Section 11 – Completed by the New Jersey State Firemen's Association Advisory Committee.

Confidentiality

All information provided on this application must be treated as strictly confidential.

Submission Deadline

Applications must be submitted by the Local Association to the State Office no later than December 1 of the current year.

For additional guidance, refer to the Trustee Manual for instructions on completing this application.

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

RELIEF ASSISTANCE SCALE - EFFECTIVE 10/2026

Local relief association				*	**	***
PRIOR Y/E ASSET RANGE				Local	Special	Supplementary
(DOLLARS)				RELIEF	RELIEF	RELIEF
				LIMIT	LIMIT	LIMIT
				STEP 1	STEP 2	STEP 3
\$	0	TO	\$	10,000	\$	6,000.00
\$	10,001	TO	\$	20,000	\$	7,000.00
\$	20,001	TO	\$	50,000	\$	8,000.00
\$	50,001	TO	\$	80,000	\$	9,000.00
\$	80,001	TO	\$	120,000	\$	11,000.00
\$	120,001	TO	\$	160,000	\$	12,000.00
\$	160,001	TO	\$	200,000	\$	13,000.00
\$	200,001	TO	\$	250,000	\$	14,000.00
\$	250,001	TO	\$	350,000	\$	15,000.00
\$	350,001	TO	\$	500,000	\$	16,000.00
\$	500,001	TO	\$	750,000	\$	17,000.00
\$	750,001	TO	\$	1,000,000	\$	18,000.00
\$	1,000,001	TO	\$	ABOVE	\$	23,000.00

***Funded and paid for by the Local Relief Association.**

**** Funded and paid for by the New Jersey State Firefighter's Association (NJSFA) Office. Local Associations with balances of \$1,000,001 or more are responsible for funding and paying approved Special Relief benefits after approval by the NJSFA Advisory Committee.**

•The Special Relief Payment Scale (Step 2) must be completed after the Local Relief Payment Scale (Step 1) has been fully paid and prior to, or at the same time as, submission of the Supplementary Relief Payment Scale (Step 3).

•For Associations with a prior-year December 31 balance of less than \$1,000,001, approved Special Relief shall be paid by the NJSFA Office after approval by the Advisory Committee.

•For Associations with a prior-year December 31 balance of \$1,000,001 or greater, approved Special Relief shall be paid by the Local Relief Association after approval by the Advisory Committee.

•Supplementary Relief must be approved by the NJSFA Advisory Committee before payment is made by the Local Relief Association.

•Relief is calculated on a calendar-year basis. Applications for Special Relief and Supplementary Relief must be received by the State Office no later than December 1 to be considered for the current calendar year.

•Local Relief payment levels for a given year are determined using the Association's balance as of December 31 of the previous year. These payment levels remain unchanged throughout the year, regardless of any changes in the Association's balance during that year.

ASSN. NO. COMP. NO. LINE NO

APPLICATION FOR RELIEF FORM #101

New Jersey State Firefighter's Association

DATE: _____

CHECK WHICH BOX(S) YOU ARE APPLYING FOR

Level 1 - LOCAL RELIEF ☐ Level 2 - SPECIAL RELIEF ☐ Level 3 - SUPPLEMENTAL RELIEF ☐

- 1. This Relief Application must be submitted with a fully executed copy of any previous applications for the current year for the applicant, certifying that the maximum local and/or special scale amount has been paid. It is necessary that a letter from the local association be included explaining all about the applicant's reason for requesting this financial assistance.**

The _____ Firefighter's Relief Association of _____ County
on behalf of member _____

If you are applying for Special (Level 2) has the Maximum allowable local Relief been approved and paid:

Yes ☐ No ☐ Incl. with this appl. ☐

If you are applying for Supplemental (Level 3) has the Maximum allowable Relief and Special relief been approved:

Yes ☐ No ☐ Incl. with this appl. ☐

- 2. Applicant (Mr. Mrs. Ms.) _____ Relation _____ Age _____**

Address _____ Town _____ State _____ Zip _____

Phone No. _____ Occupation _____ No. of IRS dependent children _____

Spouse/Partner/Roommate _____ Age _____ Occupation _____

- 3. REASON FOR RELIEF REQUEST:** Illness ☐ Injury ☐ Other : _____

Did the 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) _____

Receiving Medicaid Benefits – Applicants receiving Medicaid Benefits are not eligible to receive relief.

Yes ☐ No ☐

- 5. ASSETS: COPIES TO BE INCLUDED**

Assessed Value of Primary Residence \$ _____

Assessed Value of Other Real Property \$ _____

Total Value of Personal Property \$ _____

Monthly Mortgage \$ _____

Monthly Mortgage \$ _____

INVESTMENT VALUE: Certificates of Deposit \$ _____

Saving Accounts \$ _____

Checking Accounts \$ _____

Other Investments \$ _____

APPLICATION FOR RELIEF FORM #101**New Jersey State Firefighter's Association**

ASSN. NO. COMP. NO. LINE NO

6. APPLICANT'S STATEMENT OF NEED: (Attach additional sheet of explanation if necessary)**7. Monthly Income Net**

Primary \$ _____

Spouse/Partner \$ _____

Dependents \$ _____

Property \$ _____

Social Security \$ _____

Other Income \$ _____

Total Monthly Income \$ _____

Monthly Expenses Net

Rent or Mortgage \$ _____

Taxes (not incl. w/mort.) \$ _____

Equity (Second Mortgage) \$ _____

Utilities:

Home Heating fuel \$ _____

Electric \$ _____

Cell phone \$ _____

Water/Sewer \$ _____

Cable/Internet \$ _____

Groceries \$ _____

Toiletries \$ _____

Credit Card Payments \$ _____

(MINIMUMS ONLY)**LOANS:****One Time / Special Expenses Net**

Auto \$ _____

Personal \$ _____

Student \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total One Time / Special Expenses \$ _____

INSURANCE:

Auto \$ _____

Home (not incl. w/mort.) \$ _____

Medical (not incl. w/ Pay) \$ _____

Life \$ _____

Monthly Prescriptions \$ _____

Other: \$ _____

Total Monthly Expenses \$ _____

•Every dollar amount listed on the application must be supported by documentation. Examples include bills, invoices, mortgage statements, rent agreements, utility bills, medical bills, or other records showing the expense amount.

•Only list the applicant's actual out-of-pocket expenses. If insurance, government assistance, or another source has paid or is expected to pay part of an expense, subtract that amount before listing the expense.

•If an expense is past due, provide statements showing the outstanding balance.

•Do not double-count expenses. Any amounts already deducted directly from a paycheck, pension, Social Security payment, or other income source (such as health insurance premiums, union dues, loan payments, or garnishments) should not also be listed separately as monthly expenses.

•The purpose of this requirement is to ensure that all expenses can be verified and that the applicant's financial need is accurately calculated without duplication.

ASSN. NO.	COMP. NO.	LINE NO

**NEW JERSEY STATE FIREFIGHTER'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 Firefighter's Association and by (his) (her) Local Relief Association Officers, for the purpose of determining eligibility for relief benefits from the New Jersey State Firefighter'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 Firefighter'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 Local (approved) (disapproved), Special (approved) (disapproved), Supplemental (approved) (disapproved)

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

Local \$ _____ Special \$ _____ Supplemental \$ _____

SIGNATURE _____ TRUSTEE CHAIRMAN – PRINT NAME _____

SIGNATURE _____ TRUSTEE SECRETARY – PRINT NAME _____

SIGNATURE _____ TRUSTEE – PRINT NAME _____

10. **ACTION: BOARD OF REPRESENTATIVES**

We, the undersigned members of the Board of Representatives, have investigated the application and find that statements listed on this Local (approved) (disapproved), Special (approved) (disapproved), Supplemental (approved) (disapproved)

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

Local \$ _____ Special \$ _____ Supplemental \$ _____

SIGNATURE _____ PRESIDENT – PRINT NAME _____

SIGNATURE _____ SECRETARY – PRINT NAME _____

SIGNATURE _____ TREASURER – PRINT NAME _____

-----FOR NJSFA ADVISORY COMMITTEE ONLY-----

11. **ACTION: NEW JERSEY STATE FIREFIGHTER'S ASSOCIATION**

Application enclosed is (approved) (modified) (disapproved) by the office of the New Jersey State Firefighter's Association in the Special amount of \$ _____ and the Supplemental amount of \$ _____

Date _____

Signed _____ Member Signed _____ President

Signed _____ Member Signed _____ Treasurer

Signed _____ Chairmen Signed _____ Field Examiner