

ASSN. NO.	COMP. NO.	LINE NO
-----------	-----------	---------

APPLICATION FOR RELIEF FORM #101

New Jersey State Firemen'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 _____ Firemen'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 local Relief and Special relief
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 \$ _____

ASSN. NO.	COMP. NO.	LINE NO.	

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

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

7. Monthly Income Net

Monthly Expenses Net

Primary	\$ _____	Rent or Mortgage	\$ _____
Spouse/Partner	\$ _____	Taxes (not incl. w/mort.)	\$ _____
Dependents	\$ _____	Equity (Second Mortgage)	\$ _____
Property	\$ _____	<u>Utilities:</u>	
Social Security	\$ _____	Home Heating fuel	\$ _____
Other Income	\$ _____	Electric	\$ _____
		Cell phone	\$ _____
Total <u>Monthly Income</u> \$		Water/Sewer	\$ _____
		Cable/Internet	\$ _____
		Groceries	\$ _____
		Toiletries	\$ _____
		Credit Card Payments	\$ _____
		<u>(MINIMUMS ONLY)</u>	
		LOANS:	
		Auto	\$ _____
		Personal	\$ _____
		Student	\$ _____

One Time / Special Expenses Net

_____	\$ _____	<u>INSURANCE:</u>	
_____	\$ _____	Auto	\$ _____
_____	\$ _____	Home (not incl. w/mort.)	\$ _____
_____	\$ _____	Medical (not incl. w/ Pay)	\$ _____
_____	\$ _____	Life	\$ _____
_____	\$ _____	Monthly Prescriptions	\$ _____
_____	\$ _____	Other:	\$ _____
Total One Time / Special Expenses	\$ _____	Total Monthly 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
-----------	-----------	---------

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 Representatives, 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 NJSEA ADVISORY COMMITTEE ONLY-----

11. ACTION: NEW JERSEY STATE FIREMEN'S ASSOCIATION

Application enclosed is (approved) (modified) (disapproved) by the office of the New Jersey State Firemen'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