# APPLICATION FOR 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.

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

**MUST BE SUBMITTED TO THE STATE OFFICE BY DECEMBER 1ST OF THE CURRENT YEAR**

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

**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**

# RELIEF ASSISTANCE SCALE - EFFECTIVE 02/25/2023

| Local relief association PRIOR Y/E ASSET RANGE (DOLLARS) | | | | * Local RELIEF LIMIT STEP 1 | ** Special RELIEF LIMIT STEP 2 | *** Supplementary RELIEF LIMIT 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.

Special Relief Payment Scale (Step 2) must be completed after Local Relief Payment Scale (Step 1) has been fully paid and **PRIOR TO OR AT THE SAME TIME** as Supplementary Relief Payment Scale (Step 3) being submitted. Special Relief is paid by the State Office for Associations under $1,000,001 after approval by the Advisory Committee and paid by the local association if $1,000,001 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.**

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 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 $_____

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 | $ | **Utilities:** | |
| Social Security | $ | Home Heating fuel | $ |
| Other Income | $ | Electric | $ |
| **Total Monthly Income** | $ | Cell phone | $ |
| | | Water/Sewer | $ |
| | | Cable/Internet | $ |
| | | Groceries | $ |
| | | Toiletries | $ |
| | | Credit Card Payments | $ |
| | | ***(MINIMUMS ONLY)*** | |
| | | LOANS: | |
| | | Auto | $ |
| | | Personal | $ |
| | | Student | $ |

| **One Time / Special Expenses Net** | | **INSURANACE:** | |
|---|---|---|---|
| | $ | | |
| | $ | 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 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 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