

Local Relief Application

This document is provided to offer general guidelines for providing financial relief to those in need. An applicant's expenses must exceed their income when examining their monthly income and expenses. Individuals that are Medicaid recipients are not eligible for relief payments due to US Government rules covering Medicaid.

If an applicant requires financial relief assistance, he or she must complete a Local Relief Application (101). The applicant should be assisted in completing the Local Relief Application by the Trustees from his or her fire company. Blank copies of the Local Relief Application may be obtained from the Local Relief Association secretary, from the State Association office, the State Association website or by contacting the Executive Committee member for the applicant's respective county.

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.

An applicant is expected to use the resources that he or she has readily available to meet their needs. This includes an applicant's regular checking account, emergency funds and cash on hand. 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.

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 applicant must also document their living expenses.

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 un-reimbursed amount would be considered an eligible medical expense.

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 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.

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.

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. Any monthly expense listed should have a copy of a bill attached verifying the amounts listed.

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.

Relief funds may be used to provide food, heat (e.g., gas, oil, etc.), light (electric power), and other basic necessities. Relief may also be used to pay for eligible expenses that a member owes. Relief may also be used to pay for eligible medical expenses.

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. The larger question is, are the individuals for whom the relief is sought true dependents of the member?

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.**

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.

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.

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.

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, 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, 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, timeshare properties and luxury items such as boats, airplanes, etc.

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 from the most current month.
4. All applications for relief must have a total accumulation of \$100.00 or more in expenses.
5. Routine dental, eye examinations and eyeglasses cannot be considered as "Need."
6. Elective Procedures and Cosmetic surgery cannot be considered as 'Need.'
7. Loans, etc. are not to be considered as 'Need.'" but should be considered as monthly expense.
8. Maintenance of property is not to be considered as 'Need,'" but should be considered as monthly expense.
9. All sections of the Local Relief Application Form 101 must be completed as follows:
Association/Company/Line number - To be filled in by the Local Relief Association on all pages.
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 – To be filled in by applicant making application.
Section 7 - To be filled in by applicant making application. All Lines must show Amount or "0."
Section 8 – Applicant must sign application.
Section 9 - To be filled in by Board of Trustees making the investigation. To be filled in by Chairman and Secretary of the Board of Trustees.
Section 01 - To be filled in by the named Officers of the Board of Representatives.

PLEASE NOTE - The Board of Representatives is 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.

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

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.F.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 given must be held in strict confidence.

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.

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 \$ _____

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 \$ _____	_____	_____	_____	_____

INSTRUCTIONS FOR THE BOARD OF TRUSTEES AND BOARD OF REPRESENTATIVES

FOR REVIEW OF RELIEF APPLICATION - FORM 101

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

Association/Company/Line Number should be filled in on all pages and verification of eligibility to receive Relief must be made.

Section 1. Self-explanatory.

Section 2. Self-explanatory.

Section 3. Check the appropriate box for reason of requesting relief.

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.

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 filled in must be supported by attaching documents.

In Summary: Section 2 through 7 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. Applicant must sign the application.

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

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

Each request for relief assistance requires a new application.

INSTRUCTIONS FOR INVESTIGATION OF RELIEF APPLICANTS BY LOCAL RELIEF BOARDS

(TRUSTEES AND REPRESENTATIVES)

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 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 filled out.

All information given must be held in strict confidence.