

Long Island Teachers Benevolent Fund
Special Sandy Emergency Financial Grant Application

The Long Island Teachers Benevolent Fund ("Fund") is committed to help you during your time of need or distress as a result of the after-effects of 2012 Superstorm Sandy ("the Storm"). Maximum grant \$600 per applicant. The actual dollar amount of the grant is based on number of applications received and funds available for distribution.

Please read and complete this Grant Application. Once the entire form is fully completed, signed *and notarized*, please return the original signed form to your Local President to be forwarded to: Long Island Teachers Benevolent Fund, 100 South Main Street, Suite 205, Sayville, New York 11782. **Please submit by JANUARY 25, 2013.**

Certification

I _____ [print your full name] have incurred, or will incur, the following "*reasonable and necessary*" expenses for either of the following losses: (a) personal, family, living, or funeral expenses (includes temporary housing, medical and transportation expenses); or (b) repair or rehabilitation of my personal residence or repair or replacement of its contents. Please note that nonessential, luxury, or decorative items and services *cannot* be reimbursed. Please indicate the estimated dollar amount of loss by checking amount:

____ More than \$50,000 ____ \$25,000 to \$50,000 ____ \$10,000 to \$24,999 ____ Under \$10,000

- I attest that the losses itemized above are attributable to the Storm which has been declared by FEMA to be a "*qualified disaster*." (New York Superstorm Sandy, DR-4085) (<http://www.fema.gov/disaster/4085>).
- I understand that although I am not required to provide proof of actual expenses to receive a disaster relief grant, the disaster relief payment I receive must reasonably be expected to be commensurate with the amount of *unreimbursed* expenses described above due to the Storm.
- I attest that the losses itemized above have not been, or will not be compensated by FEMA, insurance or other reimbursement.
- I understand that in accepting a disaster relief payment from the Fund, I am required to use the payment for the losses itemized above.
- I understand that my signing this application does not automatically entitle me to receive a disaster relief payment. I further understand that representatives of the Fund have the final authority, and have sole discretion, in determining whether or not I qualify for a disaster relief payment (including whether the amount of the disaster relief payment can be reasonably expected to be commensurate with the expenses incurred).

By signing this Application, I hereby attest and certify to the Fund that: (a) I have incurred, or will incur expenses for the above referenced itemized losses; and (b) that the Fund may rely upon my statements herein.

Dated: _____

Signature of Applicant

Name of Local Union

Address of Applicant

Signature of President of Local which verifies that applicant is an in-service member of Local

VERIFICATION – TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

State of New York; County of _____:

On this ___ day of the month of _____, 20____, the above applicant attests that he/she read the foregoing Disaster Relief Grant Application. The contents of the Application are true to my knowledge and belief.

Applicant's Signature

Sworn to before me this ___ day of _____, 20____.

Notary Public