

# INTERNATIONAL BROTHERHOOD OF TEAMSTERS

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**To:** Local Unions 79, 173, 385, 512, 769 and 947  
Joint Council 75  
BLET  
BMWED  
GCC

**From:** Teamsters Disaster Relief Fund

**Date:** September 21, 2017

**PLEASE POST**  
**AMENDED DISASTER ALERT NOTICE**  
**FEMA – #DR – 4337**

***Florida – Hurricane Irma***

The Federal Emergency Management Agency (FEMA) declared a major disaster for the state of Florida on September 10, 2017, opening the way for the use of federal disaster funds for people affected by Hurricane Irma. Assistance is available to individuals and households in the following counties who may have experienced a loss due to this disaster:

**Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Columbia, DeSoto, Dixie, Duval, Flagler, Gilchrist, Glades, Hardee, Hendry, Hernando, Highlands, Hillsborough, Indian River, Lafayette, Lake, Lee, Levy, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Suwannee, Union, Volusia**

*Teamster members, please contact your Local Union office if you have suffered losses from this storm; fill out a “Request for Help” form (include all requested documentation) if you would like to request a grant from the Teamsters Disaster Relief Fund.*

**DISASTER RELIEF FORMS MUST BE RETURNED TO THE  
TEAMSTERS DISASTER RELIEF FUND BY DECEMBER 21, 2017**

**REQUEST FOR HELP**  
**TEAMSTER DISASTER RELIEF FUND**  
**Reference Number-Florida-DR-4337**

**\*\*Requested Documentation: Copies of Insurance Policies, Damage Claim forms, Repair or Reconstruction Estimates, Correspondence from Governmental or other Private Aid Agencies and pictures.**

**MUST HAVE FEMA NOTIFICATION LETTER ATTACHED.**

**\*\*Important Information:**

**Please be advised that this form must be completed in full and all documents must be attached for consideration. Please note that only claims over \$500.00 will be considered and any grants given will be at the sole discretion of the Board of Directors of the Disaster Relief Fund.**

**Please print all information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Secondary Address \_\_\_\_\_

Parish or County: \_\_\_\_\_

S. S. N.: \_\_\_\_\_

Daytime Phone \_\_\_\_\_  
(where you can be reached)

Local Union/Affiliate No. \_\_\_\_\_ **IBT** **BMWED** **GCC** **BLET**  
(if applicable) (please circle appropriate affiliation)

**Principal Officer Signature:** \_\_\_\_\_

**Check one:**  Married  Single  Widow/Widower  Legally Separated or Divorced

**No. of Dependents & Age (excluding yourself):** \_\_\_\_\_

**Employment Status:**  Working  Unemployed due to disaster  Unemployed (pre-disaster)

**Employer:** \_\_\_\_\_

If working, what is your current rate of pay: \$ \_\_\_\_\_.

**Other Current Sources of Household Income (please check all that apply):**

Spouse earnings \_\_\_ Alimony/Child Support \_\_\_ Pension \_\_\_ Savings/Investment \_\_\_ Government Benefits \_\_\_

Estimated current weekly household income from all sources \$ \_\_\_\_\_.

Estimated current weekly household expenses (food, housing, transportation, clothing) \$ \_\_\_\_\_.

**Extent of Damage:**

\_\_\_\_\_ Total loss of primary residence.

**Describe briefly:**

\_\_\_\_\_

**Estimated Losses:** *PRIMARY RESIDENCE* \$ \_\_\_\_\_ Dollar Amount  OWN  RENT

ITEMIZE BRIEFLY: (DWELLING STRUCTURE, FOUNDATION, ROOF, SIDING, SHEDS, ETC.)

\_\_\_\_\_

\_\_\_\_\_

Are any of these losses covered by insurance? \_\_\_\_\_ NO \_\_\_\_\_ YES

if yes, what is the policy deductible \$ \_\_\_\_\_ what is the policy limit \$ \_\_\_\_\_

Have you already applied to: Red Cross: \_\_\_ Yes \_\_\_ No F. E. M. A.: \_\_\_ Yes \_\_\_ No

Are you receiving federal, state, or other disaster relief? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what type: \_\_\_\_\_ Total **already** received \$ \_\_\_\_\_

For each type of loss described above, please estimate the amount that you **do not** expect to be covered by insurance or other sources of disaster relief (include any insurance deductibles not covered by any other sources of relief):

\_\_\_\_\_

\_\_\_\_\_

Previous aid received from Teamster Disaster Relief Fund: Total \$ \_\_\_\_\_

I certify the above statements to be true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DUE BY DECEMBER 15, 2017**

**Send To: Teamster Disaster Relief Fund, 25 Louisiana Ave., N. W., Washington, D.C. 20001**