



MEMORANDUM

VIA FACSIMILE

To: Local Unions 5 and 270
Joint Council 87
BLET
BMWED
GCC

From: Teamsters Disaster Relief Fund

Re: Disaster Relief

Date: February 16, 2017

The Teamsters Disaster Relief Fund recently received a "Disaster Alert Notice" for the state of Louisiana regarding the severe storms, tornadoes and straight-line winds that caused major damage in the following Parishes on February 7, 2017:

Livingston and Orleans

On behalf of General President Hoffa, we would like to request your assistance to aid Teamster members in your area that have suffered a loss. We recognize the devastation in your area and, although our funds are limited, would like to help as many people as possible. Enclosed are the "Notice to Post" and "Request For Help" form. Please inform us if any of your members have been impacted by the disaster. The completed "Request for Help" forms **(including all requested documentation)** must be returned by May 1, 2017.

The IBT realizes the difficult task of rebuilding lives and the need to do an outreach to agencies that can assist. Please advise our office at (202) 624-8971 of any needs you may have, and we will do our best to accommodate them.



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**PLEASE POST
DISASTER ALERT NOTICE
FEMA – #DR –4300**

Louisiana Severe Storms, Tornadoes and Straight-line Winds

The Federal Emergency Management Agency (FEMA) has declared a major disaster for the state of Louisiana opening the way for the use of federal disaster funds for people affected by the severe storms, tornadoes and straight-line winds that occurred on February 7, 2017. Assistance is available to individuals and households in the following Parishes who may have experienced a loss due to this disaster:

Livingston and Orleans

Teamster members, please contact your Local Union office if you have suffered losses due to 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 MAY 1, 2017**

REQUEST FOR HELP
TEAMSTER DISASTER RELIEF FUND
Reference Number-Louisiana-DR-4300

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

****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. Must have FEMA notification letter attached.

Please print all information

Name _____

Daytime Phone _____
(where you can be reached)

Address _____

S.S.N. _____

Parish or County: _____

Local Union No. _____

Principal Officer Signature _____

Check one: ☐ IBT ☐ BMWED ☐ GCC ☐ BLET

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) ☐ Retired

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.

Described 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 MAY 1, 2017

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

Committee Use Only

Reviewed by: _____

Recommended by: _____

Amount: _____

Check Received by: _____

Date: _____
