

CWA DISTRICT 3 DISASTER RELIEF FUND (DRF) – REQUEST APPLICATION

NOTE: MEMBER USE ONLY BELOW

Submit Date to Local: _____ CWA Local: _____

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: (home/cell) _____ (work) _____

- (1) Damaged Primary Residence – address _____
Owned ____ Rented ____
Extent of Damage: Total ____ Partial ____
Documentation? Insurance Claim ____ Policy Number ____ Photos ____ (attach)
- (2) Nature of DRF Claim for primary residence: _____
- (3) Other Disaster or Qualifying Event? _____
Nature of claim: _____
Extent of damage or harm: _____
Documentation? Insurance Claim ____ Policy Number ____ Photos ____ (attach)
- (4) Nature of DRF for other disaster or qualifying event: _____

Member must attach copies or reasonable documentation of insurance claims, other relief claims, and status of each.

Member must attach pictures or other available substantiation of claim.

Member must send all completed documents to their Local for approval by the Local President or their designee, including both pages of this application. Do not submit these documents directly to District 3 as forms submitted directly to District 3 will be returned to sender.

I declare that the above information is accurate and complete to the best of my knowledge:

Member Signature: _____ Date: _____

Member Name Printed: _____

NOTE: LOCAL USE ONLY BELOW

Local President or Designee:

I declare that my Local participates in the District 3 Disaster Relief Fund, that this applicant is a dues paying member, and that I recommend approval of this application:

Local President or Designee Signature: _____ **Date:** _____

Local President or Designee Name Printed: _____

The Local should ensure that this application is completed in full and then submit both pages of this application and all supporting documentation to the District 3 Disaster Relief Fund. Applications will not be accepted directly from members.

Locals submit Application to:

CWA District 3
D3 DRF
4100 Perimeter Park S
Atlanta, GA 30141

OR EMAIL TO:

wodell@cwa-union.org

If approved, checks will be made payable to the applicant and will be delivered to the Local.

INCLUDE LOCAL ADDRESS BELOW WHERE D3 DRF CHECK SHOULD BE DELIVERED (NOTE – DELIVERY CONFIRMATION SIGNATURE IS REQUIRED):

Street:

City/State/Zip:

NOTE: DISTRICT USE ONLY BELOW:

CWA District 3:

I have reviewed and verified the member's request and approve the following:

Aid Approved: \$ _____

Notes/Comments:

District 3 Vice President or Designee Signature _____ Date: _____