

Disaster Relief Financial Assistance Request

The National Fraternal Order of Police Disaster Relief Foundation has established a fund to assist law enforcement officers who have suffered a severe loss caused by a disaster. Only damage to the home itself and contents will be considered. This assessment form will be used to determine the needs with approved applicants receiving a cash grant to assist in their time of need.

To be eligible, you must be an active member of a local lodge of the Fraternal Order of Police who has sustained severe damage or loss of use of your property. Assessment applications must be received by and coordinated with your State Lodge. The Disaster Relief Committee will review your application and assistance will be provided based on need, damage suffered and availability of funds. This grant is one per family and is not intended to be a supplement to insurance but rather immediate emergency assistance for those **displaced** from their homes. Applications must be submitted no more than 45 days following the disaster.

Applications should be faxed or e-mailed to your State FOP Lodge after obtaining the signature of one of your Local Lodge board members.

| Fax #: | | E-M | ail Address: | | | |
|-------------------------|---------|----------|--|-----------------|------------|--|
| Law Enforcement | Agency | / FOP Lo | dge | | | |
| Agency: | | | | Retired: | | |
| FOP Member Lodge: | | | | Membership No: | | |
| Law Enforcement | Officer | | | | | |
| Name: | | | | | | |
| Temporary Mailing Addre | | | | | | |
| City: | | St | ate: | Zip: | | |
| Best Contact Phone Num | ber(s): | | | | | |
| Email Address: | | | | | | |
| Damage | | | | | | |
| Address of Damaged Hor | ne: | | | | | |
| City: | | State: | | | Zip: | |
| | Rent | Own | | Insured: Yes | No | |
| Cause of Damage: | Wind | Flood | Other | Estimated value | of loss \$ | |
| Is the Home Habitable? | Yes | No | No Did you move to temporary housing? Yes No | | | |
| Data of Loss: | | | | | | |

| Describe the damage to home and/or property: | | | | | |
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| Charles haveled by any itself to be any address. | V | Ma | | | |
| Check should be mailed to home address: | Yes | No | | | |
| Check should be mailed to State Lodge for pick-up: | Yes | No | | | |
| I hereby certify that I am a full-time commissioned I and I certify that all information provided here is true | | orcement officer, I have suffered a loss due to a disaster correct. | | | |
| Member Signature: | | | | | |
| (Entering an electronic si | gnature | here is equivalent to a paper and pen signature.) | | | |
| Approved by: | | | | | |
| Local Lodge Signature: | | | | | |
| State Lodge Signature: | | | | | |
| | | | | | |

^{*} To save this form with your typed responses, you must have Adobe Reader version 9 or above.