

Local Union # \_\_\_\_\_

District # \_\_\_\_\_

**STEELWORKERS CHARITABLE AND EDUCATIONAL ORGANIZATION  
DISASTER RELIEF REQUEST FORM**

One purpose of the Steelworkers Charitable and Educational Organization is to assist Steelworker members who have sustained financial loss as a result of natural disasters. Information provided will be kept confidential. Due to the availability of funds, there is no guarantee that all requests will be granted.

Member Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone  
(Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Last 4 digits of your Social Security # XXX-XX-\_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents (including spouse) \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Are you currently working? Yes \_\_\_\_ No \_\_\_\_ Last Date Worked \_\_\_\_\_

Do you have Salary Continuance? Yes \_\_\_\_ No \_\_\_\_

Is your spouse employed? Yes \_\_\_\_ No \_\_\_\_ If yes, where? \_\_\_\_\_

Were you displaced from your home? Yes \_\_\_\_ No \_\_\_\_

If yes, please provide your Temporary Address & Telephone Number \_\_\_\_\_

\_\_\_\_\_

**Home and/or Personal Property Damage** – Please provide detail for the items for which you need our assistance. Please do your best to approximate the damage. (If you need additional space, please use the back of this form).

Type of Property	Estimated Value	Damage Estimate (\$ amount or %)	Amount Reimbursed by Insurance

Other Emergency Needs? \_\_\_\_\_

Did you apply for federal or other aid, such as FEMA, Red Cross? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the result? \_\_\_\_\_

\_\_\_\_\_

The above information is accurate to the best of my knowledge.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

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For Local Union Use

Amount of Relief Authorized \$ \_\_\_\_\_ Date Authorized \_\_\_\_\_

Signatures of Authorized Local Union Committee Members and/or Local Union Officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee (if other than Member) \_\_\_\_\_

Check Number \_\_\_\_\_ Check Date \_\_\_\_\_