

Southeastern Massachusetts **Motorcyclists' Survivors Fund**, Inc.

PO BOX 276, North Carver, MA 02355

AFFIDAVIT IN SUPPORT OF REQUEST FOR FINANCIAL ASSISTANCE

Introduction

The SEMMSF, Inc. is an all-volunteer 501(c)(3) non-profit organization that helps raise funds through events, raffles, and donations. The Funds help those directly involved in a motorcycle accident. These monies are used for the families of a fallen or downed rider to help offset the costs associated with the motorcycle accident or the death of the motorcyclist. The funds are also used for promoting motorcycle safety, awareness and for educational purposes to help promote motorcycle safety

The Applicant in need must fill out this Affidavit for Assistance and submit it to the **Motorcyclists Survivors Fund** (SEMMSF, Inc.) along with a copy of the police report for review. Once received, the Board of Directors will evaluate the application, and set up a time to meet with the applicant and/or their representative. All applicants must allow a face to face meeting with two or more Board of Directors in order to have the SEMMSF consider the application for funding.

At the time of the initial meeting, a liaison and other Board Members will sit down with the applicant and go over the information submitted. Sometimes, there are suggestions, advice or direction that the visiting Board of Directors members may offer/suggest to the applicant to make sure they have exhausted all of their options. Once this is completed, the visiting Board of Directors will then present the application and gathered information to all the members of the board of directors for review in a closed meeting. At that time, the Board of Directors will discuss the application and vote on the acceptance of the application, the type and amount of funding if applicable.

Note: No monies are given to the applicant directly - all funds are disseminated by the **Motorcyclists Survivors Fund** (SEMMSF, Inc.) Treasurer directly to the approved household bills payee.

If you would like to apply for assistance, please complete the following application and mail it with a copy of the police report to:

SEMMSF, Inc PO Box 276, North Carver, MA 02355

You can also submit this form to one of our Board of Directors members. Please do not hesitate to contact one of our Board of Directors members for assistance in completing this application if needed.

After submission and Board of Directors review, an appointed liaison (current Board Member) will contact you to schedule a meeting at your convenience. The meeting will consist of the applicant and his/her family, and two to three SEMMSF Board of Directors.



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All information contained herein is confidential. It will not be disclosed to any party other than as authorized by the applicant and the Board of Directors of the **Motorcyclists Survivors Fund** (SEMMSF, Inc.).

Now comes _____ of _____
(Print Name of Applicant) (Address)

(City) (State) (Zip) (Phone) (Email)

On Behalf of injured motorcyclists, _____, and hereby swears (or affirm) as follows:

1. Applicant is seeking financial support as a result of a serious injury or death of a Motorcyclist who resided in the covered counties of **Motorcyclists Survivors Fund** (SEMMSF, Inc.).

The date of his/her injury was: _____

2. The extent of the Motorcyclists' injury(s): _____

3. Was there anyone cited and if so, who: _____ Relationship: _____

4. Please describe the accident: _____

***Please include a copy of the police report when submitting this application**

(*this is a mandatory to be considered for funds)



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5. In support of this affidavit, the applicant submits the following information:

a. Relationship to injured motorcyclists _____

b. Name and ages of dependent children of injured motorcyclists:

Name	Age

c. Monthly income of family in need and sources:

	Applicant	Spouse/Partner	Other
Income			
Retirement			
Military Benefits			
Child Support			
Other Income			

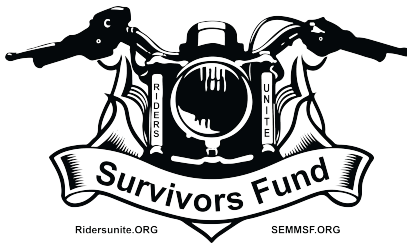
6. State amount sought from the SEMMSF, Inc. _____

7. Please list monthly expenses of rider's family in need:

Rent/Mortgage	
Groceries	
Car Payment	
Car Insurance	
Health Insurance	
Utilities	
Total Monthly Household Expenses	

8. Vehicles Owned:

Year	Make	Model	Balance Owed



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Statement of Applicant: I hereby certify the information contained in this affidavit is true and correct, and is submitted voluntarily for the purpose of applying for temporary financial assistance on behalf of an eligible motorcyclists' family, due to the serious injury or death. I understand the review of the Motorcyclists Survivors Fund (SEMMSF, Inc.) Board of Directors is confidential, and their decision is final.

Signature of Applicant or Representative

Date

Print name of Applicant or Representative

Submitted through: _____

Note: Board Members meet on an "as-needed" basis to consider all applications for assistance. All information contained herein is confidential. It shall not be disclosed to any party other than authorized by the Applicant and the Board of Directors of the Southeastern Massachusetts Motorcyclists' Survivors Fund, Inc.

The Affidavit and *police report should be submitted to a Board of Director via US mail to the address above, email or hand delivered to a Board of Directors Member.