

**BALTIMORE RETIRED POLICE BENEVOLENT ASSOCIATION
DISTRESS FUND
REQUEST FOR ASSISTANCE APPLICATION**

APPLICANT INFORMATION (Please print):

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ DOB _____

Home Phone _____ Cell Phone _____

Date Retired _____ Year joined BRPBA _____

Locater # _____ Are you a member of F.O.P. #3? _____

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ELIGIBILITY REQUIREMENTS: To be eligible for assistance from the BRPBA “Distress Fund” you must meet the following requirements:

1. You must be an **ACTIVE** member of the Baltimore Retired Police Benevolent Association for a period of at least **ONE** year; **OR**
2. Minor child(ren) of a deceased member; **OR**
3. Widow or widower of a deceased member.

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REQUEST INFORMATION:

Amount being requested: \$ _____

Reason for Financial Assistance (Be specific):

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(If additional space is needed, attach another sheet)

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INCOME: (Include most recent pay stub)

Current retired biweekly GROSS pay: \$ _____

Current retired biweekly NET amount: \$ _____

List ALL deductions taken from biweekly pay:

Federal Tax: _____	State Tax: _____
State Tax: _____	FOP Dues: _____

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SPOUSE INCOME:

Does your spouse work? _____ YES _____ NO

Does your spouse receive any retirement benefits? _____ YES _____ NO

If the answer is "YES", provide ALL details and amounts received:

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Do you have a Credit Union account for savings, home loan, car loan, or personal loan?

_____ YES _____ NO

If you answered "Yes", please explain below:

OTHER SOURCES OF INCOME:

(Include ALL other sources of income, to include: other retirement pay, spouses income(s), child support, investments, help from church, FOP or others, etc.)

Do you receive any financial assistance from family members?

_____ YES _____ NO

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If the answer is "YES", please explain in detail:

DROP PROGRAM:

When you retired, were you in the "DROP PROGRAM"? _____ YES _____ NO

*If the answer is "YES", answer questions 1 to 5.
If the answer is "NO", go to the next section: "Deferred Compensation Plan."*

1) Is your "Drop" money part of your retirement check? _____ YES _____ NO

If the answer to question 1 is "NO", do not answer question 2.

2) How much do you receive in your retirement check from the Drop Program? _____

3) Did you take a lump sum pay out from the Drop Program? _____ YES _____ NO

*If the answer is "YES", answer questions 4 and 5.
If the answer is "NO", go to the next section: "Deferred Compensation Plan."*

4) How much did you receive as a Lump Sum Payment from the Drop Program? _____

5) How much of the Lump Sum Payment do you have left? _____

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DEFERRED COMPENSATION PLAN:

Did you participate in the Baltimore City Deferred Compensation Plan?

_____ YES

_____ NO

If you answered "YES", answer questions 1 to 3.

- 1) How much was in your Deferred Compensation account when you retired? _____
 - 2) How much is left in your Deferred Compensation account now? _____
 - 3) Is your Deferred Compensation part of your retirement check? _____
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NOTE: In order for your application to be considered for an award from the BRPBA, you must include with this application, copies of the following items:

- 1) Most recent F & P Pension Systems statement and pay stub if working.
- 2) List of ALL sources of income (including spouse).
- 3) List of ALL expenses (mortgage, credit card bills, medical expenses, etc).
- 4) Copy of latest Income Tax report filed.
- 5) Current copy of credit report.
- 6) Last two recent bank and/or credit union statements.

NOTE: These records are to be used for "Verification" only. They are confidential and **WILL NOT** be shared with anyone else.

PERSONAL/FAMILY DEBT:

(Include ALL personal and family debts, including mortgage, BGE, car payment(s), child support paid, etc.). If additional space is needed, please attached another sheet.

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RESIDENCE	SELF	CHILDREN	TOTAL
Mortgage			
Insurance (Homeowners)			
Rent/Ground Rent			
Taxes			
Gas & Electric			
Electric Only			
Heat (Oil)			
Telephone			
Trash Removal			
Water Bill			
Car Insurance			
Life Insurance			
Gasoline Costs			
OTHER HOUSEHOLD NECESSITIES			
Food			
Drug Store Items			
Household Supplies			
Other:			
Cell Phone			
Repairs			
Lawn & Yard Care (snow removal, lawn mowing)			
Replacement Furnishings/Appliances			
MEDICAL/DENTAL			
Health Insurance			
Extraordinary Medical			
Dental/Orthodontics			
Ophthalmologist/Glasses			
Other:			

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BANKRUPTCY:

Have you or your spouse ever filed for Bankruptcy? _____ YES _____ NO

If you answered "YES", list the details below:

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VEHICLES

Please provide a list of motor vehicles registered to you and/or your spouse (Make, Model, year, mileage, owned outright; and if not owned outright, the balance due on these vehicles). This includes cars, trucks, motorcycles, motor homes, 4x4's, etc.

MAKE	MODEL	YEAR	MILEAGE	OWNED (Yes/No)	LIENHOLDER (If not owned)	BALANCE DUE
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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NOTE: By signing below, I am providing all the information requested. I attest that this information is complete, accurate and true.

I understand that if I provide false or misleading information it will be used as a basis for REJECTING my request for assistance.

I further understand that if I do receive assistance from the Distress Fund and then it is discovered that I provided false or misleading information in order to obtain this money, I will return the full amount given to me immediately or face civil action.

I also understand that ANY assistance received from the BRPBA Distress Fund is a ONE TIME grant.

Signature of Applicant

DATE

BRPBA EXECUTIVE BOARD REVIEW:

Application Status:

Approved: _____ Amount Awarded: \$ _____

Disapproved: _____

Reason(s) for disapproval:

Revised 04/15/2014

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