



**NALC  
Disaster  
Relief  
Foundation**

100 Indiana Ave. NW  
Washington, DC 20001-2144  
DisasterReliefFoundation@nalc.org  
[www.nalc.org/disaster](http://www.nalc.org/disaster)  
202-423-2443

# APPLICATION FOR RELIEF GRANT

*For NALC members only*

Mail directly, along with supporting required documentation to  
NALC Disaster Relief Foundation  
100 Indiana Ave., NW  
Washington, DC 20001-2144

**PERSONAL INFORMATION (PLEASE PRINT):**

DATE OF LOSS: \_\_\_\_\_ NATURAL DISASTER TYPE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

It is the member's responsibility to ensure NALCDRF is advised of any change in your mailing address or other listed contact information.

**ATTACH SUPPORT DOCUMENTATION**

Type of loss/damage:

( ) Primary Residence ( ) Vehicle ( ) Personal Property

ADDRESS OF "PRIMARY" RESIDENCE:

PRIMARY RESIDENCE: \_\_\_\_\_

NALC STATUS ON DATE OF LOSS:      [ ] ACTIVE                      [ ] RETIRED

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**MEMBER MUST SIGN AND DATE THE FOLLOWING STATEMENT:**

*I hereby certify that the information provided herein is true and accurate. I am also aware that any statements made herein which are willfully false are subject to penalty, including fines and imprisonment under applicable state and federal laws. Such statements will require me to making full restitution to NALCDRF for any NALCDRF relief grant received under this application and render me ineligible to any future NALCDRF grant. I understand that submission of this application merely constitutes a request for assistance.*

SIGNATURE OF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_



## **Eligibility Criteria**

*(Effective for natural disasters occurring on or after July 20, 2018)*

Relief grants are only considered for property damage sustained to a “primary residence”, vehicle or personal property, such as but not limited to, a hurricane, flood, tornado, wildfire, earthquake or severe storm. Damage declared by applicant will be verified.

- 1. Must be a NALC member as defined by the NALC Constitution: Article 2 Section1 (a).**
- 2. Members do NOT have to wait for emergency relief or insurance claims to apply.**
- 3. All members having been temporarily displaced from their primary residence “uninhabitable” MUST submit a signed, personal narrative detailing the specific reasons for the anticipated duration of the displacement.**
- 4. Applications for grants from NALCDRF must be received no later than 120 days from the date that the natural disaster occurred, unless the applicant can provide sufficient reason(s) why they were unable to complete and submit their application prior to this deadline. Requests for exceptions will be ruled on by the NALCDRF Directors on a case-by-case basis.**



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## **Primary Residence, Vehicle and/or Personal Property Loss Narrative**

Submit with application and other required documentation to:

NALC Disaster Relief Foundation  
100 Indiana Ave., NW  
Washington, DC 20001-2144

email: [DisasterReliefFoundation@nalc.org](mailto:DisasterReliefFoundation@nalc.org)  
website: [www.nalc.org/disaster](http://www.nalc.org/disaster)  
phone: 202-423-2443

In the space provided below, member must legibly detail the specific reasons for the anticipated duration of their displacement from their primary residence (inhabitable or damage), vehicle or personal property loss. Attach additional pages if necessary.

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**MEMBER MUST ALSO SIGN AND DATE THE FOLLOWING STATEMENT:**

I hereby certify that the information stated within my personal narrative describing in detail the specific reasons for the displacement from my primary residence, vehicle and/or personal property loss, true and accurate. I am aware that any statements made herein which are willfully false are subject to penalty, including fines and imprisonment under applicable state and federal law. Such statements will require me to making full restitution to NALCDRF for any NALCDRF relief grant received under this application and render me ineligible to any future NALCDRF grant.

**SIGNATURE OF MEMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_