

OPCMIA LOCAL 528
BENEVOLENCE FUND APPLICATION

Benevolence Fund Application
6362 6th Ave. S., Seattle WA 98108
Office: 206 441-9386 FAX: 206 441-9018

Enclosed please find the requested application for financial hardship assistance.

Please complete all sections of this application and return it with requested attachments to the above address. Write 'Confidential' on the envelope. If you would like to correspond by email, please contact Marilyn Kennedy; mkennedy@opcmialocal528.org; (206) 550-5330. Please complete the summary section of why you need this assistance and the total amount you are requesting. The Benevolence Fund Committee meets twice each month, (we are currently using texting and emails), or as often as needed and may need to contact you at that time if there are any questions not answered on your application. Please be available and provide a phone number you can be reached at on that date and time.

The Fund was established to provide assistance to those cases of "extreme need" and decisions will be thoughtfully considered by the Benevolence Fund Committee. Decisions will be based on availability of funds, total amount of requests and assessment of need. The final decision of providing assistance is the responsibility of the Benevolence Fund Committee with the approval of the Executive Board, (we are currently using email for communications.) Please read and sign the following statement and include it with your completed application.

Please feel free to attach any additional documentation or statements of explanation you believe will assist the Benevolence Fund Committee in making a decision and recommendation to the Executive Board.

SWORN STATEMENT

I understand that the Local 528 Benevolence Fund is a fund of last resort. I agree to inform the Benevolence Fund Committee of any funds I may receive from any other source for losses or hardship for which I have requested compensation.

I give permission to any hospital, medical facility, physician, mental health provider, insurance company, employer, person or agency to give needed information to the Local 528 Benevolence Fund for purposes of determining my claim for funds. A photocopy of this release is as valid as the original. This authorization will expire after final determination of all requirements.

I certify, under penalties of perjury, that all information and supporting documentation contained in this application is true and accurate to the best of my knowledge and belief. Fraudulently received money will have to be repaid with interest and attorney's fees and may be barred from using the program again.

Signature _____ Date _____

Printed Name _____ Phone _____

Applicant Information:

Last name: _____ First name: _____ MI _____

Member name, if different than Applicant:

Last name: _____ First name: _____ MI _____

OPCMIA LOCAL 528 BENEVOLENCE FUND APPLICATION

Address: _____ City: _____ State _____ Zip _____

Email Address: _____

Member card #: _____ Home phone: _____ Cell: _____

Date of Birth: ____/____/____ Best number to reach you: ____ Home ____ Cell: _____

SSN: _____ Marital Status: __Single __Married __DP __ Separated __Divorced __Widowed

Number of people in the household: ____ # of dependents: ____ Age(s) of Dependents _____

Please indicate applicable hardship(s) related to this application:

Death Please include a copy of Death Certificate

Catastrophic illness Please include a Physicians Statement

Catastrophic injury Please include a Physicians Statement

Dues Assistance Last day of employment was ____/____/____

Extraordinary Financial Hardship, (please include the following documentation for this):

- 1) Copy of last 2 months bank statements
- 2) Copy of current Unemployment Insurance status
- 3) Copy of all current income statements, (employment, unemployment, L&I, retirement, etc.)
- 4) Copy of current credit report
- 5) Copy of financial obligations you are requesting assistance with. Examples include: Utility bills, Insurance, COBRA, and Medical Bills & Medication.
- 6) List any additional needs you are requesting assistance with. (i.e. food, housing, gas, clothing, etc.) _____

Please answer the following questions:

- 1) Are you physically able to work? ____No ____ Yes (If no, include physician's statement on letterhead.)
- 2) Are you currently registered on the out-of-work list here at Local 528? ____No ____ Yes
- 3) Have you refused or passed any calls? ____ No ____ Yes (If yes, please explain):

Continue on next page.....

Office Use Only: Date ____/____/____ Received by _____ Initiation date ____/____/____ Dues paid thru ____/____/____

OPCMIA LOCAL 528 BENEVOLENCE FUND APPLICATION

4) Do you have a pending pension or insurance claim? (i.e. auto, fire, medical, L&I, etc.)?

No Yes If yes, please explain. _____

Please tell us your story in your own words:

This is what I'm asking for:

Payment made out to: _____ Amount: _____

Payment made out to: _____ Amount: _____

Payment made out to: _____ Amount: _____

This document is strictly confidential; however, we will disclose your name to the Executive Board. (Revised 6.3.2020)

OFFICE USE ONLY:

SUB COMMITTEE RECOMMENDATION: APPROVED **YES** **NO**

RECOMMENDED AMOUNT/EXPENSES: \$ _____

EXECUTIVE BOARD FINAL APPROVAL: APPROVED **YES** **NO**

FINAL APPROVED AMOUNT/EXPENSES: \$ _____