



## United Federation of Teachers Disaster Relief Fund

### Application for Financial Assistance

Purpose: The purpose of the Relief Fund is to provide financial assistance to members who have incurred extraordinary losses, not covered by insurance or emergency agency reimbursements.

Eligibility: All UFT in-service or retired members and its employees.

Please provide all requested information:

Member's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

File/EIS # \_\_\_\_\_ UFT Membership I.D. # \_\_\_\_\_

Member's Social Security Number: \_\_\_\_\_

Temporary Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Temporary Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Membership Status:  In Service  Retired

Did you incur any out of pocket expenses  Yes  No  
*(Expenses above your insurance deductible as a result of damage to your dwelling)*

If yes, provide copies of all insurance correspondence and attach copies of damage receipts and receipts of out of pocket expenses.

**Officers:** Michael Mulgrew *President*, LeRoy Barr *Secretary*, Michael Sill *Assistant Secretary*  
Debra Penny *Treasurer*, Thomas Brown *Assistant Treasurer*  
**Vice Presidents:** Karen Alford, MaryJo Ginese, Mary Vaccaro, Anne Goldman, Janella Hinds,  
Richard Mantell, Sterling Roberson



**UFT Disaster Relief Application**

Please indicate special factors about your situation that you would like to bring to the attention of the Disaster Relief Committee.

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Cause of damage:  Flood  Fire  Other \_\_\_\_\_

**Sworn before Notary:**

*I attest that the information provided on this application is true and accurate. I agree to return to the Disaster Relief Fund any future reimbursements received for expenses submitted on this application.*

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State of** ( \_\_\_\_\_ )

**County of** ( \_\_\_\_\_ ) **s.:**

*On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared the person known to me to be \_\_\_\_\_ . The individual who executed the foregoing instrument and acknowledged to me that (s) he executed the same.*

**Signature:** \_\_\_\_\_

**Expiration Date of Commission:** \_\_\_\_\_

Mail the application and supporting documentation to:

United Federation of Teachers  
52 Broadway  
New York, NY 10004  
Attention: Karen Alford

Original Form Sept/05  
Revised September 20, 2019

