

APPLICATION FOR ASSISTANCE

CWA HURRICANE HARVEY SOLIDARITY FUND

As a CWA member living in one of these counties: Aransas, Bee, Brazoria, Calhoun, Chambers, Colorado, Fayette, Fort Bend, Galveston, Goliad, Hardin, Harris, Jackson, Jasper, Jefferson, Kleberg, Liberty, Matagorda, Montgomery, Newton, Nueces, Orange, Refugio, Sabine, San Jacinto, San Patricio, Victoria, Waller, Wharton, you may be eligible for financial assistance due to losses in the storm. This emergency assistance is based on availability of funds and need. Please fill out the application below and return to your Local Hurricane Harvey Solidarity Fund Committee Member.

Be sure to **ENCLOSE SUPPORTING FINANCIAL DOCUMENTATION. (Pictures, receipts for example)**

1. Name: _____ Local: _____

2. Home Address (include county: _____

3. Email Address: _____ Home Phone: _____

Cell Phone: _____

4. List all dependent members of the household:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Damaged Primary Residence – Own _____ or Rent _____?

6. Have you filed a claim with FEMA and/or your insurance company? _____

7. Describe losses to your home (if you are a renter, describe personal losses)

8. Have you applied for financial assistance other than CWA? (Including "Go Fund Me" and other Social Media appeals)_____ If yes, please describe _____

How much assistance have you received? _____
(Applying for additional assistance does not automatically disqualify you from getting funds from us)

9. Have you applied for assistance with the CWA National Disaster Relief Fund? _____
Did you receive a payment from the fund and if so, how much? _____

10. Other extenuating circumstances you wish to share: _____

I declare the above information is accurate and complete to the best of my knowledge.

Member Signature: _____ Date: _____

Member Name Printed: _____

Approved by Local: _____ President or his/her Designee: _____

Signature: _____ Date: _____

Following review and approval by Local, this form and accompanying documentation must be sent by email or regular mail to:

Evelyn Smith
c/o CWA Local 6222
10959 Ella Blvd.
Houston, Texas 77067
esmith@cwa6222.org

Reviewed by:

Name: _____ Date: _____

Recommendation:

Should assistance from the Fund be approved? Yes No

Amount recommended to be awarded: _____

Signature of reviewer: _____

Date and result of committee vote: _____