

NYSUT DISASTER RELIEF AND SCHOLARSHIP FUND

Instructions for completing the Special 2012 Disaster Relief Payment Application

If extenuating or emergency circumstances exist which require emergency processing, please contact NYSUT Social Services at

1-800-342-9810, ext. 6206.

There are five steps in completing the Special 2012 Disaster Relief Grant Application:

1) Provide your name and please list the types of losses and dollar amounts of the associated expenses.

The NYSUT Disaster Relief fund may only provide assistance for losses that you have incurred (or will incur) for either of the following losses: (a) the repair, rehabilitation, or replacement of my personal residence and/or its contents; or (b) the basics necessities, such as food, clothing, housing (including repairs), transportation, or medical assistance (for illustration purposes only).

Disaster relief payments from the NYSUT Disaster Relief and Scholarship Fund may not include:

- Payments for expenses otherwise paid for by insurance or other reimbursements.
- Income replacement payments, such as payments of lost wages, lost business income, or unemployment compensation.
- Payments for the cost of nonessential, luxury, or decorative items; such as landscaping and damage to second or vacation homes.
- Any other payments for which the Trustees determine (in their sole discretion) cannot be made from the NYSUT Disaster Relief and Scholarship Fund.

2) Please date the form; list your permanent address; enter your NYSUT membership number (if known), your telephone number and your e-mail address.

3) Please then sign the application *in the presence of a notary public*.

4) Provide the completed, signed and notarized *original* application to your local union president for their signature.

5) After your local president has signed the *original completed* application form please send that form to: NYSUT Disaster Relief and Scholarship Fund, 800 Troy-Schenectady Road, Latham, New York 12110-2455. To expedite the application process, your completed application may be faxed to 518-213-6422 or e-mailed to disasterrelief@nysutmail.org. If you choose to fax or e-mail the completed application, the original signed application must still be mailed to NYSUT at the above address.

Members may also utilize one of NYSUT's Regional Offices to obtain an application form or to submit an application. NYSUT's Offices in the metro New York Area include:

Nassau - 1000 Woodbury Road -Suite 214, Woodbury, NY 11797 - (516) 496-2035
Suffolk - 150 Vanderbilt Motor Pkwy. - Suite 306, Hauppauge, NY 11788 - (631) 273-8822
Tarrytown - 520 White Plains Road, Suite 400, Tarrytown, NY 10591 - (914) 592-4411

Further Questions: please contact NYSUT Disaster Relief at 1-800-342-9810, ext. 6252 or 518-213-6090, ext. 6252.

Application Deadline: March 1, 2013

NYSUT DISASTER RELIEF AND SCHOLARSHIP FUND

Special 2012 Superstorm Sandy Disaster Relief Grant Application

NYSUT is committed to helping members in times of need through its Disaster Relief and Scholarship Fund. Approved Disaster Relief grants typically range between \$250 and \$500 dollars. The actual dollar amount of a grant is based on the number of applications received and the funds available for distribution. Please read and follow the directions for completing this short form application. Once the entire form is completed, signed *and notarized*, it may be returned to the NYSUT Disaster Relief and Scholarship Fund as follows:

(a) by mail addressed to NYSUT Disaster Relief and Scholarship Fund, Attn. Jeff Lockwood, 800 Troy-Schenectady Road, Latham, New York 12110-2455

(b) by faxing it to NYSUT Disaster Relief and Scholarship Fund, Attn. Jeff Lockwood at (1)(518)(213-6422) ; or

(c) by emailing it to disasterrelief@nysutmail.org.

If you choose to fax or e-mail the completed application, the original signed application must still be mailed to NYSUT at the above address.

Should you have any questions, please contact NYSUT Disaster Relief at 1-800-342-9810, ext. 6252 or 518-213-6090, ext. 6252. If extenuating or emergency circumstances exist which require emergency processing, please contact NYSUT Social Services at 1-800-342-9810, ext. 6206.

I _____ (print your full name) have incurred, or will incur, the following "reasonable and necessary" expenses for either of the following losses: (a) personal, family, living, or funeral expenses (includes temporary housing, medical and transportation expenses); or (b) repair or rehabilitation of my personal residence or repair or replacement of its contents. Please note that nonessential, luxury, or decorative items and services cannot be reimbursed. Please list the losses and estimated dollar amount(s) in the lines below – attach additional sheets if necessary:

1. I attest that the losses itemized above are attributable to **Superstorm Sandy which has been declared by FEMA to be a "qualified disaster."** (New York Superstorm Sandy (DR-4085) (<http://www.fema.gov/disaster/4085>)).
2. I attest that the losses itemized above have not been, or will not be compensated by FEMA, insurance or other reimbursement.
3. I understand that in accepting a disaster relief grant from the NYSUT Disaster Relief and Scholarship Fund, I am required to use the payment for the losses itemized above.
4. I understand that my signing this application does not automatically entitle me to receive a disaster relief grant. I further understand that the Trustees of the NYSUT Disaster Relief and Scholarship Fund are the final authority, and have sole discretion, in determining whether or not I qualify for a disaster relief grant (including whether the amount of the disaster relief payment can be reasonably expected to be commensurate with the expenses incurred).

By signing this application, I hereby attest and certify to the Trustees of the NYSUT Disaster Relief and Scholarship Fund that: (a) I have incurred, or will incur expenses for the above referenced itemized losses, and (b) that the Trustees may rely upon my statements herein.

Dated: _____

Signature of Applicant
Address of Applicant:

Name of Local Union

E-mail address: _____
NYSUT Membership Number: _____
Telephone #: _____

Signature of President of Local Union

VERIFICATION – TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

State of New York - County of _____ :

On this ___ day of the month of _____, 2012, the above applicant attests that he/she read the foregoing Application for NYSUT Disaster Relief assistance. The contents of the Application are true to my knowledge and belief.

Applicant's Signature

Subscribed and sworn to before me this ___ day of _____, 2012.

Notary Public