

The International Association of Fire Fighters Disaster Assistance Request

Personal Information

IAFF Local Number: _____
IAFF Membership Number:(if known) _____

Full Name: _____
Last First M.I.

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Where do you want the check sent? Check One: _____ Address OR _____ Bank

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Alternate Phone: () _____

Bank Account: _____
Name of Bank

Bank Account Number Routing Number

IAFF Disaster Relief Disbursement Information: (staff use)

Date of Disbursement: _____ Amount of Disbursement: _____

IAFF Check Number: _____

Signature of IAFF Member: _____ Date: _____

Notes: _____

IAFF District Vice-President's Verification of Claim

As an IAFF District Vice-President, I certify that the applicant is a member in good standing of the IAFF Local listed above and that their claim qualifies for a IAFF Disaster Relief Fund grant.

Signature: _____ Date: _____

International Association of Fire Fighters
Disaster Relief Fund Financial Claim Form