

UNION COMMUNITY FUND OF WESTERN MASSACHUSETTS

640 Page Boulevard #101, Springfield MA 01104
(413) 827-0301 or (413) 732-7970 • ucf@pvaficio.org or mail@pvaficio.org



APPLICATION FOR RELIEF GRANT

Union brothers and sisters who have incurred significant property damage are encouraged to apply.

Mail application and supporting documents and photos directly to:

UNION COMMUNITY FUND

640 Page Boulevard #101

Springfield MA 01104

Or email them to ucf@pvaficio.org.

FULL NAME (*print*): _____

PHONE NUMBER(S): HOME: _____ CELL: _____

EMAIL ADDRESS: _____

CURRENT MAILING ADDRESS: _____

It is your responsibility to advise UCF of any change in your mailing address.

ADDRESS OF PRIMARY RESIDENCE SUSTAINING DAMAGE: OWNED RENTED

LOSS ESTIMATE TO YOUR PRIMARY RESIDENCE AND PERSONAL PROPERTY:

STRUCTURE: \$ _____

PERSONAL CONTENTS: \$ _____

VEHICLE(S): \$ _____

TOTAL: \$ _____

PHOTOGRAPHS OF DAMAGED PROPERTY ARE ENCLOSED

Please print your name & address on back of each photo, unless you email them.

DID FIRE OR POLICE RESPOND? _____

Include a copy of any report with your application.

DO YOU HAVE INSURANCE TO COVER ANY OF THIS LOSS? YES NO

IF YES, HAVE YOU SUBMITTED AN INSURANCE CLAIM(S)? YES NO

HAS IT BEEN APPROVED, DENIED, OR IS IT STILL PENDING? _____

IF APPROVED, WHAT AMOUNT DID YOU RECEIVE? _____

You must submit copies of approval and/or denial documents.

DID YOU APPLY FOR A FEMA RELIEF GRANT? [] YES [] NO

IF NO, EXPLAIN: _____

IF YES, IS IT APPROVED, DENIED, OR STILL PENDING? _____

FEMA DISASTER NUMBER AND/OR NAME: _____

IF APPROVED, WHAT AMOUNT WAS YOUR RELIEF GRANT? \$ _____

Include copy of documentation specifying payment amount or reason for denial.

LIST ANY RELIEF AGENCY THAT YOU RECEIVED ASSISTANCE FROM, OR TO WHICH A CLAIM FOR DAMAGES TO THE AFOREMENTIONED PROPERTY HAS BEEN SUBMITTED, AND AMOUNT OF ANY PAYMENT OR GRANT:

NAME (print): _____

AMOUNT: \$ _____

NAME (print): _____

AMOUNT: \$ _____

Use additional sheet if necessary.

TOTAL AMOUNT OF AID REQUESTED FROM UCF: \$ _____

PRINT NAME OF UNION YOU BELONG TO:

UNION OFFICIAL TO VOUCH FOR YOUR MEMBERSHIP IN GOOD STANDING:

NAME (print): _____

TITLE: _____

SIGNATURE: _____

DATE: _____

YOU MUST SIGN AND DATE THE FOLLOWING STATEMENT:

I hereby certify that the information provided herein is true and accurate. I am aware that any statements made herein which are willfully false are subject to penalty under applicable state and federal laws. Submission of this request does not entitle me to a claim against the Union Community Fund of Western Massachusetts or the Warren J. Plaut Charitable Trust, but only constitutes a request for assistance.

SIGNATURE: _____

NAME (print): _____

DATE: _____

**If you have questions, call (413) 827-0301 or (413) 732-7970,
or email ucf@pvaficio.org or mail@pvaficio.org.**