

POSTAL EMPLOYEES' RELIEF FUND

PO Box 7630 Woodbridge VA 22195

Voice Mail: (202) 408-1869 • email: perf10268@aol.com • www.postalrelief.com

APPLICATION FOR RELIEF GRANT

PERSONAL INFORMATION:

DATE OF LOSS: _____ TYPE OF DISASTER: _____

FULL NAME: _____ SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ CELL: _____ EMAIL: _____

CURRENT MAILING ADDRESS: _____

ADDRESS OF PRIMARY RESIDENCE SUSTAINING DAMAGE: [] OWNED [] RENTED

It is your responsibility to ensure PERF is advised of any change in your mailing address

USPS EMPLOYMENT STATUS: [] ACTIVE EMPLOYEE [] RETIRED-*Must include copy of USPS Form 50*

NAME & ADDRESS OF USPS FACILITY ASSIGNED: _____

WORK PHONE: _____ NORMAL HRS OF WORK: _____

CRAFT/MANAGEMENT POSITION: _____

UNION/MANAGEMENT ORGANIZATION THAT REPRESENTS YOU: _____

HOME AND VEHICLE INSURANCE INFORMATION:

PROVIDE THE NAME(S) OF YOUR INSURANCE COMPANIES (REGARDLESS IF THEY COVERED THIS LOSS):

NAME: _____ ADDRESS: _____ POLICY #: _____

NAME: _____ ADDRESS: _____ POLICY #: _____

NAME: _____ ADDRESS: _____ POLICY #: _____

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

IF YES, HAVE YOU SUBMITTED AN INSURANCE CLAIM? [] YES [] NO

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

IF APPROVED, WHAT AMOUNT DID YOU RECEIVE? _____

(Submit copies of approval and/or denial documents)

FIRE OR POLICE DEPARTMENT RESPONDING (IF ANY): _____

(INCLUDE A COPY OF THE REPORT WITH YOUR APPLICATION)

DID YOU APPLY FOR A FEMA RELIEF GRANT? _____ IF NOT, EXPLAIN _____

IF YOU DID, HAS YOUR REQUEST BEEN APPROVED, DENIED OR IS IT STILL PENDING? _____

FEMA DISASTER NUMBER AND/OR NAME: _____

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

(INCLUDE COPY OF DOCUMENTATION SPECIFYING PAYMENT AMOUNT AND REASON OR DENIAL)

LIST AND ATTACH DOCUMENTATION OF ANY ADDITIONAL INSURER(S) OR ANY RELIEF AGENCY THAT YOU RECEIVED ASSISTANCE FROM, OR TO WHICH A CLAIM FOR DAMAGES TO THE AFOREMENTIONED PROPERTY HAS BEEN SUBMITTED AND WHETHER PAYMENT OR GRANT HAS BEEN MADE AND IN WHAT AMOUNT?:

NAME: _____ AMOUNT: \$ _____

NAME: _____ AMOUNT: \$ _____

DAMAGE/LOSS ESTIMATE TO YOUR STRUCTURE AND PERSONAL PROPERTY:

STRUCTURE: \$ _____
PERSONAL CONTENTS: \$ _____
VEHICLE(S): \$ _____
TOTAL: \$ _____

VEHICLE(S) CLAIMED:

YEAR: _____ MAKE: _____ MODEL: _____ CONDITION: _____ MILEAGE: _____

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INCLUDED IS A LISTING OF ALL PERSONAL PROPERTY WITH VALUE OF EACH ITEM

PHOTOGRAPHS OF DAMAGED PROPERTY ARE ENCLOSED
(Please print your name & address on back of each photo)

YOU MUST SIGN AND DATE THE FOLLOWING STATEMENT:

I hereby certify that the information provided herein is true and accurate. I am also 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 Postal Employees' Relief Fund, but only constitutes a request for assistance.

SIGNATURE: _____ DATE: _____

NAME (*PRINT*): _____

Mail Application and supporting documents and photos directly to:

**POSTAL EMPLOYEES' RELIEF FUND
PO BOX 7630
WOODBIDGE VA 22195**

If you have questions, call (202) 408-1869, or email: perf10268@aol.com

See Eligibility Criteria for further information

Download What YOU can do to help speed the process for review of your application