



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

(800) 244-3439 (323) 259-5200
firemensrelief.org

APPLICATION FOR FINANCIAL ASSISTANCE

MEMBER INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER		BIRTH DATE MO - DY - YEAR	
ADDRESS		CITY	STATE	ZIP	
HOME PHONE	CELL PHONE	EMAIL ADDRESS			
STATUS <input type="checkbox"/> ACTIVE Assignment _____ <input type="checkbox"/> RETIRED		MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED			

DEPENDENT INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH MO - DY - YEAR
FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH MO - DY - YEAR
FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH MO - DY - YEAR

FINANCIAL ASSISTANCE AMOUNT NEEDED

\$

REASON FOR ADVANCEMENT

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REAL ESTATE ASSETS

ADDRESS OF PRIMARY RESIDENCE		CITY	STATE	ZIP			
FIRST TRUST DEED HOLDER (FIRST, MIDDLE, LAST)							
ADDRESS		CITY	STATE	ZIP			
SECOND TRUST DEED HOLDER (FIRST, MIDDLE, LAST)							
ADDRESS		CITY	STATE	ZIP			
PURCHASED PRICE	\$	ESTIMATED MARKED VALUE	\$	DATE PURCHASED	MO - DY - YEAR	MORTGAGE BALANCE	\$
MONTHLY PAYMENT	\$	ANNUAL TAXES	\$	DATE ACQUIRED	MO - DY - YEAR	LOAN BALANCE	\$

LIST OTHER ASSETS

REAL ESTATE HOLDINGS	TYPE:		VALUE:		MO. PAYMENT:		BALANCE:	
MOTOR VEHICLES	MAKE/YEAR:		VALUE:		MO. PAYMENT:		BALANCE:	
OTHER	ITEM:		VALUE:		MO. PAYMENT:		BALANCE:	

MONTHLY EXPENSES (INDICATE AMOUNTS)

HOUSING	MORTGAGE:		RENT:		LEASE:		PROPERTY TAX:	
VEHICLES	PAYMENT (1):		PAYMENT (2):		FOOD	AMOUNT:		
UTILITIES	GAS:		WATER:		ELECTRICITY:		TRASH:	
CREDIT CARDS	BALANCE (1):		PAYMENT (1):		BALANCE (2):		PAYMENT (2):	
INSURANCE	AUTO:		LIFE:		MEDICAL:		HOME:	
OTHER								

MONTHLY INCOME (INDICATE AMOUNTS)

MEMBER'S INCOME	PENSION:		SOCIAL SEC.:		SALARY:		OTHER:	
SPOUSE'S INCOME	PENSION:		SOCIAL SEC.:		SALARY:		OTHER:	
BALANCES	SAVINGS:				CHECKING:			
	INTEREST:				STOCKS:			
	ANNUITY:				RENTAL:			

If you are currently unemployed, do you plan on working in the future? YES NO

STATEMENT OF HEALTH

Are you currently under a physician's care? YES NO

PRIMARY PHYSICIAN	NAME		TELEPHONE	
	ADDRESS			

Are you receiving assistance (financial or otherwise) from **ANY** other sources? YES NO (If YES, please list all)

By signing and submitting this Application for Emergency Advancement, the Member certifies that **1**) the information contained herein is true and accurate to the best of the Member's knowledge; **2**) the Member agrees to repay the full amount of any Advancement (not including interest) over a period of not to exceed five years; **3**) the Member and the Member's spouse (if any) agree, that in the event an Advancement is granted, they will execute a negotiable promissory note payable to LAFRA, which note shall set for the specific payment terms for repayment of the Advancement.

Members Signature

Date

If you assisted this member in filling out this form, please provide us with your contact information.

NAME	RELATIONSHIP
ADDRESS	TELEPHONE

OFFICE USE ONLY

COMMITTEE MEMBER SIGNATURE (1)

COMMITTEE MEMBER SIGNATURE (2)

COMMITTEE MEMBER SIGNATURE (3)

COMMITTEE APPROVAL DATE	BOARD APPROVAL DATE	AMOUNT APPROVED
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TERMS: