



Los Angeles Firemen's Relief Association
 Widows, Orphans & Disabled Firefighter's Fund
 P. O. Box 41903
 Los Angeles, CA 90041
 (800) 244-3439 or (323) 259-5200 x223 or x222
 www.lafra.org

Application for Emergency Advancement

Member Information:

Member's Full Name		Social Security Number	Birth Date	Today's Date	
Address			City	State	Zip
Telephone Number	Email Address	Marital Status		Status <input type="checkbox"/> Active - Assignment: <input type="checkbox"/> Retired <input type="checkbox"/> Spouse	

DEPENDENT INFORMATION

Name of Dependent First, Middle, Last	Relationship	Date of Birth Mo Day Yr

Amount of advancement needed: \$

Reason for advancement?

REAL ESTATE ASSETS

Address of Primary Residence:					
First Trust Deed Holder (Name and Address):					
Purchased Price:	\$	Estimated Market Value:	\$	Date Purchased:	
Mortgage Balance:	\$	Monthly Payment:	\$	Annual Taxes:	
Second Trust Deed Holder (Name and Address):					
Loan Balance:	\$	Monthly Payment:	\$	Date Acquired:	

OTHER ASSETS

Real Estate Holdings – Type:	Value:	Mo. Payment:	Balance:
Type:	Value:	Mo. Payment:	Balance:
Motor Vehicles – Type:	Value:	Mo. Payment:	Balance:
	Value:	Mo. Payment:	Balance:
	Value:	Mo. Payment:	Balance:
	Value:	Mo. Payment:	Balance:
Other (Please explain):			
Other (Please explain):			

MONTHLY EXPENSES (Indicate amounts)

HOUSING		UTILITIES		INSURANCE	
Mortgage:		Gas:		Auto:	
Rent:		Water:		Life:	
Lease:		Electricity:		Medical:	
Property Tax:		Trash:		Home:	
VEHICLE		Other:		OTHER EXPENSES:	
Payment(s):		CREDIT CARDS			
		Balance(s):			
Food:		Min. monthly payment(s)			

MONTHLY INCOME (Indicate amounts)

<i>MEMBER'S INCOME</i>		<i>SPOUSE'S INCOME</i>		Interest:	
Pension:		Pension:		Stocks:	
Social Security:		Social Security:		Annuity:	
Salary:		Salary:		Rental (s):	
				Other:	
Bank account balances – Savings:			Checking:		

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's Name:		Telephone:	
Address:			

Are you receiving assistance (financial or otherwise) from **ANY** other sources? (pleast 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.

Member's signature: _____ Date: _____

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

Name:		Relationship:	
Address:		Phone:	

Office Use Only

Committee Member Signature

Committee Member Signature

Committee Member Signature

Committee Approval Date:		Board Approval Date:	
Amount Approved:	\$		

Terms: