



# LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

P.O. Box 41903 | Los Angeles | CA 90041  
(323) 259-5200 EXT. 223 or 222 [firemensrelief.org](http://firemensrelief.org)

## APPLICATION FOR FINANCIAL ASSISTANCE

### MEMBER INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)		LAST 4 DIGITS of SSN		BIRTH DATE
ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS		
STATUS	ACTIVE Assignment _____	RETIRED	MARITAL STATUS	SINGLE    MARRIED    SEPARATED    DIVORCED    OTHER _____

### DEPENDENT INFORMATION

FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH
FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH
FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	DATE OF BIRTH

**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
MONTHLY PAYMENT	\$	ANNUAL TAXES	\$	DATE ACQUIRED
		MORTGAGE BALANCE	\$	
		LOAN BALANCE	\$	

## LIST OTHER ASSETS

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

## MONTHLY EXPENSES (INDICATE AMOUNTS)

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

## MONTHLY INCOME (INDICATE AMOUNTS)

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

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**

<b>PRIMARY PHYSICIAN</b>	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 (REQUIRED)**

\_\_\_\_\_  
**Date (REQUIRED)**

*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)

<b>COMMITTEE APPROVAL DATE</b>	<b>BOARD APPROVAL DATE</b>	<b>AMOUNT APPROVED</b>
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**TERMS:**