



LOS ANGELES FIREMEN'S RELIEF ASSOCIATION

P.O. Box 41903 | Los Angeles | CA 90041
(323) 259-5200 EXT. 223 or 222 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	\$ _____
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REASON FOR ASSISTANCE	

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	MORTGAGE BALANCE	\$ _____
MONTHLY PAYMENT	\$ _____	ANNUAL TAXES	\$ _____	DATE ACQUIRED	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:		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**

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 (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)

COMMITTEE APPROVAL DATE	BOARD APPROVAL DATE	AMOUNT APPROVED
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TERMS: