



# 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)			D.O.B.
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
STATUS <input type="checkbox"/> ACTIVE Assig. _____ <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	D.O.B.
FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	D.O.B.
FULL NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	D.O.B.

How many dependents will be served by this assistance?

If any, please list names, ages and relationship to applicant:

Do any of these dependents have a disability that will be served by this assistance (if so please explain)?:

**FINANCIAL ASSISTANCE AMOUNT NEEDED**

\$

### 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
<b>PURCHASED PRICE</b>	\$	<b>ESTIMATED MARKET VALUE</b>	\$	<b>DATE PURCHASED</b>
<b>MONTHLY PAYMENT</b>	\$	<b>ANNUAL TAXES</b>	\$	<b>DATE ACQUIRED</b>
				<b>MORTGAGE BALANCE</b> \$
				<b>LOAN BALANCE</b> \$

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>					<b>TOTAL MONTHLY EXPENSES (ADD UP ALL AMOUNTS)</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:		
	INTEREST:				STOCKS:		
<b>FOR COMMITTEE USE ONLY/TOTAL MONTHLY INCOME</b>	ANNUITY:				RENTAL:		
<b>\$</b>	ANY OTHER AVAILABLE ASSETS:						

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)**

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By signing and submitting this **Application for Financial Assistance**, the member certifies that the information contained herein is true and accurate to the best of the member's knowledge.

**Member Signature**

**Date**

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

NAME	RELATIONSHIP
ADDRESS	TELEPHONE

**FOR COMMITTEE USE ONLY**

**Assistance Amounts Granted:**

- Housing (Rent or Mortgage) \$ \_\_\_\_\_
  Utilities \$ \_\_\_\_\_
  Other Living Expenses (clothing, food, etc.) \$ \_\_\_\_\_
- Out-of-Pocket Medical/Disability Related Expenses \$ \_\_\_\_\_
  Medical Premiums \$ \_\_\_\_\_
- Dental Premiums \$ \_\_\_\_\_
  Funeral Expenses \$ \_\_\_\_\_
  Educational Expense or Supplies \$ \_\_\_\_\_
- No. of Children 18 yrs. and under \_\_\_\_\_
  No. of Disabled Persons Assisted \_\_\_\_\_

**TOTAL GRANTED: \$ \_\_\_\_\_**

\_\_\_\_\_  
**COMMITTEE MEMBER  
 SIGNATURE (1)**

\_\_\_\_\_  
**COMMITTEE MEMBER  
 SIGNATURE (2)**

\_\_\_\_\_  
**COMMITTEE MEMBER  
 SIGNATURE (3)**

**COMMITTEE  
 APPROVAL DATE**

**BOARD  
 APPROVAL DATE**

**AMOUNT  
 APPROVED**

**REASON FOR APPROVAL** (Check ALL that apply)

- Does not qualify for pension
  Does not qualify for medical premium subsidy
  Disabled, on the job
  Orphaned
  Low Income
- Other, please explain: \_\_\_\_\_
- List any other factors: \_\_\_\_\_

**NOTES/TERMS:**