



# Financial Assistance

The National Fraternal Order of Police Disaster Relief Foundation has established a fund to assist law enforcement officers who have suffered a severe loss caused by a disaster. This assessment form will be used to determine the needs with approved applicants receiving a cash grant to assist in their time of need.

To be eligible, you must be an active member of a local lodge of the Fraternal Order of Police who has sustained severe damage or loss of use of your property. Assessment applications must be received by and coordinated with your State Lodge. The Disaster Relief Committee will review your application and assistance will be provided based on need, damage suffered and availability of funds. This grant is one per family and is not intended to be a supplement to insurance but rather immediate emergency assistance for those displaced from their homes. Applications must be submitted no more than 45 days following the disaster.

Applications should be faxed or e-mailed to your State FOP Lodge

Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Law Enforcement Agency / FOP Lodge

Agency: \_\_\_\_\_ Retired: \_\_\_\_\_

FOP Member Lodge: \_\_\_\_\_ Membership No: \_\_\_\_\_

## Law Enforcement Officer

Name: \_\_\_\_\_

Temporary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone Number(s): \_\_\_\_\_

## Damage

Address of Damaged Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Rent	Own		Insured: Yes	No
Cause of Damage:	Wind	Flood	Other	Estimated value of loss \$ _____	

Is the Home Habitable?	Yes	No	Have you moved to temporary housing?	Yes	No
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Date of Loss: \_\_\_\_\_

Describe the damage to home and/or property:

Check should be mailed to address above:                      Yes                      No

Check should be mailed to State Lodge for pick-up:    Yes                      No

I hereby certify that I am a full-time commissioned law enforcement officer, I have suffered a loss due to a disaster and I certify that all information provided here is true and correct.

Member Signature: \_\_\_\_\_  
(Entering an electronic signature here is equivalent to a paper and pen signature.)

**Approved by:**

Local Lodge Signature: \_\_\_\_\_

State Lodge Signature: \_\_\_\_\_

\*To type responses and save an altered version of this form you must have Adobe Reader version 9 or above.