

CSEA DISASTER RELIEF FUND

Application for Assistance

NAME _____ Chapter/DLC*

ADDRESS _____
Street City Zip

PHONE Day () _____ Evening ()

AMOUNT REQUESTED (Maximum \$2000.00)

MONEY TO BE APPLIED TOWARD: _____ Deductible
_____ Damages
_____ Emergency expenses
(such as shelter, food,
& clothing)

EXPLANATION OF UNUSUAL CIRCUMSTANCES:

APPLICANT CERTIFICATION: I hereby certify all the information on this form is complete and accurate. I agree to provide any additional documents and/or information requested in support of this application.

Signature _____ Date

ATTACHED PROOF OF LOSS: Copies of insurance/FEMA claims
Copies of insurance/FEMA payments
Repair estimates
Pictures and etc.

* **NOTE:** Applications should be mailed to:
CSEA Foundation
1108 O Street
Sacramento, CA 95814