



# NATURAL DISASTER

## Benevolence Fund Request Form

This form must be completed by the afflicted SEANC member.

The SEANC (Natural Disaster) Benevolence Fund is established to provide assistance for members who have suffered great losses from natural disasters like fires, floods, tornadoes and hurricanes during the time frame of Oct. 1, 2017—Sept. 30, 2018. In order to qualify for funds, **the afflicted member must have been a SEANC member in good standing for a minimum of the previous six months from the time of the disaster.**

Members requesting assistance should complete this form in its entirety along with photographs, if possible, depicting the damage from the disaster and mail them to: **SEANC Benevolence Fund, ATTN: Beth Dew, 1621 Midtown Place, Raleigh, NC 27609** or scan and email the form to: [bdew@seanc.org](mailto:bdew@seanc.org). If you need assistance completing this form, please contact Beth Dew at [bdew@seanc.org](mailto:bdew@seanc.org) or 800-222-2758.

Name (print): \_\_\_\_\_ Active ☐ Retired ☐

SEANC Member ID No: \_\_\_\_\_ District No: \_\_\_\_\_ Region: \_\_\_\_\_

Present Phone # (include area code): (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please list your present work site or where you retired from: \_\_\_\_\_

Supervisor's name and telephone number (if active employee): (\_\_\_\_\_) \_\_\_\_\_

Are you still living in your home? Yes ☐ No ☐ If not, where are you staying (at a motel, with family, or with friends, etc.)? Please explain: \_\_\_\_\_

Mailing address — immediately prior to the disaster: \_\_\_\_\_

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

Current mailing address — if different from above: \_\_\_\_\_

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

Have you received benefits from FEMA and/or your insurance? Please explain. (Additional comments may be written on back). \_\_\_\_\_

What are your most important needs at the present time? (Additional comments may be written on back). \_\_\_\_\_

Other than money, what other kinds of needed resources can we help you connect with? (Additional comments may be written on back). \_\_\_\_\_

Date Request Form Received by SEANC: \_\_\_\_\_ Date Request Form Reviewed by Connections Committee: \_\_\_\_\_

Connection Committee Chairperson's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEANC President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_