



NATURAL DISASTER

Fund Request Form

This form must be completed by the afflicted SEANC member.

The SEANC Natural Disaster 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 affected 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. If you need assistance completing this form, please contact Beth Dew at 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): (_____) _____

Date of the disaster: _____

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). _____

Applicant's Signature: _____ Date: _____

Date Request Form Received by SEANC: _____ Date Request Form Reviewed by Connections Committee: _____

Connection Committee Chairperson's Signature: _____ Date: _____

SEANC State Treasurer's Signature: _____ Date: _____

Amount Approved by Connections Committee: ☐ \$100 ☐ \$250 ☐ \$500