



STRIKERS' APPLICATION FOR ASSISTANCE

CONFIDENTIAL INFORMATION

LOCAL _____

(Please Print)

(Home Address)

NAME _____

AGE _____

COMPANY NET CREDITED

SERVICE IN YEARS _____

STREET _____

SOCIAL SECURITY NUMBER _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE # - Home _____

Work _____

Present Work _____

1) Single Married Separated Divorced

Dependent Name	Relationship	Age	Dependent Name	Relationship	Age

2) Residence – Own Rent Payment \$ _____ (Monthly) Date of Last Payment _____

Landlord Name: _____
Address: _____

Telephone: _____
Relationship: _____

3) Balance of Bank Accounts \$ _____
Credit Union Accounts \$ _____
Total \$ _____

Savings Accounts \$ _____
Other Securities \$ _____

4) Do you own any income property? _____ Monthly income \$ _____

5) Are you working now? _____ Where? _____ Weekly Income \$ _____

6) Is your spouse or any adult member of your family working? _____ Weekly Income \$ _____

7) What is the total amount of income PRESENTLY being received by you and adult members of your family \$ _____

8) What was your total weekly income PRIOR to the strike \$ _____

9) Have you attempted to gain temporary employment? _____
Explain: _____

10) List the items for which you need assistance:

<u>Date bill is due?</u>	<u>To whom is bill owed?</u>	<u>What is the bill for?</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11) What have you done to obtain credit? _____

12) What have you done to extend your credit? _____

“I hereby declare that all the above information is true. I understand that if any information so stated is found to be false, I agree to repay all strike assistance received by me under false pretenses to the Defense Fund. I promise to report any change in financial status for the duration that I am receiving aid from the Defense Fund.”

Member Signature _____ Date _____