



Eligibility Criteria

PERF Mailing Address: PO Box 7630, Woodbridge VA 22195-7630

Email: perf10268@aol.com — Website: www.postalrelief.com — Voice Message 202/408-1869

(Effective for natural disasters occurring on or after October 29, 2012)

Relief grants will be considered for property damage sustained to a "primary residence" due to a major natural disaster such as but not limited to a hurricane, flood, tornado, wildfire or earthquake; and also for property damage as the result of an isolated house fire (applicant must include a copy of the official fire report).

All relief grants considered are based on two categories:

- ***Primary residence destroyed (never able to return) or***
- ***Primary residence is significantly damaged (left temporarily, uninhabitable for extended period of time, but there is an expectation being able to return at some point, anticipated 90 days or longer)***

1. Applicant must provide documentation that they are (1) current employee of the United States Postal Service or (2) retired USPS employee at the time of the disaster.
2. Only one request for relief will be considered per family residing in the same principal place of residence, regardless of the number of eligible persons residing in a household. Applicants and qualifying spouses/partners are limited to receive two grants per lifetime.
3. For verification of eligibility all "homeowner" applicants must submit copies of a first responder's, city/government official's or insurance adjuster's report that substantiates the degree of damages and the extent of displacement from primary residence. The document must list the applicant or spouse/partner's name and address as declaration of ownership.

All "renter" applicants must submit copies of a first responder's, city/government official's or insurance adjuster's report, or provide a written letter from the landlord that substantiates the degree of damages and extent of displacement from primary residence. The document or copy of the lease agreement must list the applicant or spouse/partner's name and address as declaration of occupancy.

Applicants do NOT have to wait for emergency relief or insurance claims to be settled for documents to be considered proper in order to apply.

4. All applicants must have their application signed by their union officer or management official prior to submission to PERF as confirmation.
5. Applications for grants from PERF must be received no later than 120 days from the date that the natural disaster occurred, unless the applicant can provide sufficient reason(s) why they were unable to complete and submit their application prior to this deadline. Requests for exceptions will be ruled on by the PERF Executive Committee on a case-by-case basis.



APPLICATION FOR RELIEF GRANT

Mail directly, along with supporting required documentation to:

Postal Employees' Relief Fund (PERF)

PO Box 7630, Woodbridge VA 22195

Voice Mail: (202) 408-1869 * email: perf10268@aol.com * www.postalrelief.com

PERSONAL INFORMATION (PLEASE PRINT):

DATE OF LOSS: _____ TYPE OF NATURAL DISASTER: _____

FULL NAME: _____ LAST 4 DIGITS SOCIAL SECURITY NUMBER: _____

HOME TELEPHONE: _____ CELL: _____ EMAIL: _____

CURRENT MAILING ADDRESS: _____

_____ *It is the applicant's responsibility to ensure PERF is advised of any change in your mailing address*

ADDRESS OF "PRIMARY" RESIDENCE SUSTAINING DAMAGE: [] HOMEOWNER [] RENTER

PRIMARY RESIDENCE IS:
[] Totally destroyed/no expectation to return
[] Uninhabitable for extended period of time

Verification of Damages and Displacement: See "Eligibility Criteria" to ensure required documentation is submitted. Expected return home date is: _____
(If return date is extended, please notify PERF accordingly)

USPS EMPLOYMENT STATUS: DESIGNATION/ACTIVITY CODE ASSIGNED BY USPS: []

[] ACTIVE CAREER EMPLOYEE [] NON-CAREER BARGAINING UNIT
[] RETIRED—*Must provide copy of PS Form 50 or other documentation substantiating applicant is a postal retiree with application.*

NAME/ADDRESS USPS FACILITY ASSIGNED: _____

NAME OF UNION or MANAGEMENT ORGANIZATION, WHO WOULD REPRESENT YOU (PLEASE CHECK ONE):

[] -APWU [] -NALC [] -NPMHU [] -NRLCA [] -NAPS [] -NAPUS [] -NLPM

YOU MUST SIGN AND DATE THE FOLLOWING STATEMENT:

I hereby certify that the information provided herein is true and accurate. I am also aware that any statements made herein which are willfully false are subject to penalty under applicable state and federal laws. Submission of this request does not entitle me to a claim against the Postal Employees' Relief Fund, but only constitutes a request for assistance.

SIGNATURE OF APPLICANT: _____ DATE: _____

THIS APPLICATION HAS BEEN SIGNED BY: () -UNION OFFICER () -MANAGEMENT OFFICIAL

I hereby confirm to the best of my knowledge that the applicant has been impacted by a natural disaster.

SIGNATURE: _____ DATE: _____

PRINT NAME AND TITLE: _____ CONTACT TELEPHONE NUMBER: _____