

SEIU California



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www.seiucal.org

Guidelines and Application for Disaster Expense Reimbursement from the California State Council of Service Employees DISASTER RELIEF FUND

Dear SEIU Members and Families:

We know that many of our California brothers and sisters suffer financial hardships as a result of natural disasters in our state. In response to fires, floods and earthquakes in the past, local unions from across the nation have joined to donate their personal funds to members who may be suffering financial hardship as a result of the disaster. Our goal is not to replace insurance or governmental assistance, but to provide a supplemental reimbursement for those unusual costs which often stretch our budgets during a natural disaster.

Available Assistance

Eligible members and their families can receive two types of assistance up to the maximum amount(s):

- **Housing Assistance**: may include cost of temporary housing or repair to existing housing. Maximum assistance amount: \$1,000 per SEIU household
- **Other Needs Assistance**: costs of disaster related expenses and serious needs including medical and dental expenses, funeral and burial costs, repair or replacement of household items such as clothing, furniture, necessary occupational tools and educational materials, costs for clean-up, excess utility costs, and other disaster related expenditures. Maximum assistance amount: \$2,000 per SEIU member

No single member shall receive more than \$2,500 in assistance. Members sharing living quarters or otherwise sharing financial responsibility for each other shall be limited to a maximum of \$4,000 per household.

Eligibility Requirements

Membership: You must provide your Local number on the application to receive assistance. The State Council will contact your local union to verify you are a member in good standing with your local union. A "member of good standing" has been a full dues paying member of an SEIU California local union for a minimum of six months in the last two years. The months of membership do not need to be consecutive.

Incurring Loss: Your current or previous residence must have been located in a California county affected by the disaster during the last twelve (12) months and any losses claimed should have been caused by the natural disaster or its immediate consequences.

Documentation: Actual receipts or other 3rd party documentation for the amounts being requested must be provided to document an actual expense. This may include service orders for repairs completed, rent statements, cancelled checks, or other statements from vendors and service providers.

No Cash Advance: No cash assistance can be advanced. Assistance will only be provided as a reimbursement for eligible post-disaster repurchases properly documented as noted above.

All documentation should include a name, address, and phone number for the service provider or retailer, who must actually receive payment from you for the service or item.

(For example: we cannot reimburse for repairs performed by a neighbor or family member even if they provide you with an "invoice" for the value of the repairs unless you actually paid cash for the service. However, we can reimburse for any equipment, parts or tools which were needed to achieve the repair.)

Application Instructions

Complete the attached application and submit it with your documentation to:

SEIU California State Council
1130 K Street, Suite 300
Sacramento, CA 95814
Attn: Disaster Relief
disasterrelief@seiucal.org

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SEIU CALIFORNIA DISASTER RELIEF FUND APPLICATION FOR REIMBURSEMENT

Date of Application: _____

Full Legal Name of SEIU Qualifying Member(s): _____
(list everyone in household who may qualify)

SEIU California Local Union # (list multiple locals if applicable): _____

Has your membership been continuous over the last six months? Yes No

Additional Eligibility Information if Applicable (please explain any unique circumstance):

Current Mailing Address: _____

Address at time of Fire Loss (if different): _____

Type of Assistance Requested: Temporary Housing Assistance (\$1,000 max)
 Other needs reimbursement (\$2,000 max) (please describe):

Assistance Requested: Temporary Housing Costs: \$ _____
Other Disaster-Related Loss \$ _____

Total Request: \$ _____ (\$2,500 max individuals)
(\$4,000 max for two member household)

CONTACT PHONE AND EMAIL: _____(phone) _____(email)

Please attach formal documentation for all expenses for which you are requesting reimbursement.
Staff will contact you via email or phone within 14 days to confirm receipt of your application.
Incomplete or inaccurate applications will not be processed.
Award amounts contingent on available donations - this program is not funded by dues.