



# Foundation For Working Families Disaster Relief CONFIDENTIAL Assistance Form

All applications are screened based on funding availability. Priority is given to UNION members who have experienced a loss due to a natural disaster (for example: loss of home due to fire or flood).  
*Assistance is limited to a maximum of or equivalent to \$500 once every 12 months.*

**Personal Data (please print)**

Last Name:		First Name:			
Home Address:		City:		Zip:	
Referred By:		Best Phone:		Email:	
Union Household: <input type="checkbox"/> Yes <input type="checkbox"/> No		Please Check All Losses That Apply & Describe Loss Including Monetary Value of Loss			
Local:		Home			
Union Contact:		Vehicle			
		Outbuildings			
		Livestock			
		Other			
Household Information ( Please list ages and gender of ALL household members)					
Age: Gender:		Age: Gender:		Age: Gender:	
Age: Gender:		Age: Gender:		Age: Gender:	
Please be very explicit with your explanation on the reason(s) for your hardship, where your greatest need is and amount you are requesting.					
<b>Form must be filled out COMPLETELY to be considered.</b>					
Signature:				Date:	
FOR OFFICIAL USE ONLY					
Notes:					
Approved By:				Approval Date:	

Foundation for Working Families - 321 16th Ave. South, Seattle, WA, 98144

Phone: 206-281-8901 x4918

PLEASE SCAN and email completed form to [ffwf@wsic.org](mailto:ffwf@wsic.org)