

Local # _____

CWA Disaster Relief Fund Claim Form

The purpose of the CWA Disaster Relief Fund is to assist CWA Members who have sustained financial loss that created exceptional need, as a result of natural disasters.

Name _____

Address _____

City _____ State _____ Zip code _____

Telephone (Home) _____ (work) _____

Social Security # _____

1. Single _____ Married _____

Dependent Name	Relationship	Age

2. Damaged Residence: Owned _____ Or Rented _____

Is this your primary residence? Yes _____ No _____

Other _____ (explain) _____

3. List Insurance Companies to which claims were made:

Name of Company	Policy Number