

STRIKERS' APPLICATION FOR ASSISTANCE

(Home address) _____ COMPANY NET CREDITED
NAME _____ AGE _____ 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 \$ _____ Date of Last Payment _____
(Monthly)

Landlord Name: _____ Telephone: _____

Address: _____ Relationship: _____

3) Balance of.....Bank Accounts \$ _____ Savings Accounts \$ _____
Credit Union Accounts \$ _____ Other Securities \$ _____
Total \$ _____

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 _____