

**CWA MEMBERS' RELIEF FUND
STRIKER CERTIFICATION FORM**

Local: _____

Bargaining Unit: _____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

PHONE (Home): _____

(Cell): _____

E-Mail: _____

EMPLOYER: _____

WORKSITE: _____

STEWARD'S NAME: _____

I certify that I am eligible to receive strike benefits under the rules of the Members' Relief Fund. I understand that if I am found ineligible under the rules, I will return any payments I am not entitled to.

Eligibility Verified

Striker's Signature

Date

DFR-1
(02/13)

Original: CWA District Fund Agent
Copy: Local Union

CONFIDENTIAL INFORMATION
(Please Print)

LOCAL _____

STRIKERS' APPLICATION FOR ASSISTANCE

(Home address)
NAME _____ AGE _____ COMPANY NET CREDITED 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:

Date bill is due?	To whom is bill owed?	What is the bill for?	Amount
			\$ _____
			\$ _____
			\$ _____
			\$ _____

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 _____