

# NYSUT DISASTER RELIEF FUND APPLICATION

## Summer 2024 New York Severe Storm and Flooding

NYSUT is committed to helping members in times of need through its Disaster Relief & Scholarship Fund. The actual dollar amount of a grant is based on the number of applications received and the funds available for distribution. Please read and follow the directions for completing this short form application.

Should you have any questions, please contact NYSUT Disaster Relief & Scholarship Fund at 1-800-342-9810. If you would like to speak to someone about your circumstances, please contact the NYSUT Peer Support Line at 1-844-444-0152.

### Application Steps:

- 1) Provide your name and please list the types of losses **and dollar amounts** of the associated expenses. The NYSUT Disaster Relief and Scholarship Fund may only provide assistance for losses that you have incurred (or will incur) for either of the following losses: (a) the repair, rehabilitation, or replacement of a *primary/personal* residence and/or its contents; or (b) the basics necessities, such as food, clothing, housing (including repairs), transportation, or medical assistance (for illustration purposes only).

Disaster relief payments from the NYSUT Disaster Relief and Scholarship Fund may **not** include:

- Payments for expenses otherwise paid for by insurance or other reimbursements.
- Income replacement payments, such as payments of lost wages, lost business income, or unemployment compensation.
- Payments for the cost of nonessential, luxury, or decorative items; such as landscaping (ex. pools, sheds, fences) *and damage to second or vacation homes.*
- Any other payments for which the Trustees determine (in their sole discretion) cannot be made from the NYSUT Disaster Relief and Scholarship Fund.

- 2) Please date the form; list your physical and mailing address; enter your NYSUT membership number, your telephone number and your e-mail address.

- 3) Please then sign the application *in the presence of a notary public*.

- 4) Send the completed **original** form (no faxed or emailed copies) to: NYSUT Disaster Relief & Scholarship Fund, 800 Troy-Schenectady Road, Latham, New York 12110-2455. (Please keep a copy for your records)

**APPLICATION DEADLINE: November 30, 2024**

*NYSUT Disaster Relief Grants are made possible primarily by donation from NYSUT Members along with the support from:*



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### APPLICATION

#### **STEP 1: Provide your name, a description of your loss and estimated net loss.**

I \_\_\_\_\_ (print your full name) have incurred, or will incur, the following “*reasonable and necessary*” expenses for either of the following losses: (a) personal, family, living, or funeral expenses (includes temporary housing, medical and transportation expenses); or (b) repair or rehabilitation of my personal residence or repair or replacement of its contents. Please note that nonessential, luxury, or decorative items and services **cannot** be reimbursed. Please list the losses and dollar amounts in the lines below – attach additional sheets if necessary:

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Please indicate the estimated net dollar loss below:

- Under \$999     \$1,000 to 9,999     \$10,000 to 24,999     \$25,000 to 49,999     Over \$50,000

OVER



**STEP 2: Attest to the loss and provide contact information.**

1. I attest that the losses itemized above are attributable to the **2024 New York Severe Storm and Flooding which has been declared a FEMA disaster for my county of residence. \* (FEMA Designation: EM-3613-NY)**

\*Designated FEMA disaster areas may be found at <https://www.fema.gov/disaster/declarations> \*

2. I attest that the losses itemized above have not been, or will not be compensated by FEMA, NYS funding, insurance or other reimbursement.

3. I attest that the losses itemized above are from a primary residence and not a second or vacation home.

4. I understand that in accepting a disaster relief grant from the NYSUT Disaster Relief and Scholarship Fund, I am required to use the payment for the losses itemized above.

5. I understand that my signing this application does not automatically entitle me to receive a disaster relief grant. I further understand that the Trustees of the NYSUT Disaster Relief and Scholarship Fund are the final authority, and have sole discretion, in determining whether or not I qualify for a disaster relief grant (including whether the amount of the disaster relief payment can be reasonably expected to be commensurate with the expenses incurred).

*By signing this application, I hereby attest and certify to the Trustees of the NYSUT Disaster Relief & Scholarship Fund that: (a) I have incurred, or will incur expenses for the referenced itemized losses in Step 1, and (b) that the Trustees may rely upon my statements herein.*

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

Physical Address of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_  
(if different than physical)

NYSUT Membership Card Number: \_\_\_\_\_  
(You must be a NYSUT member at time of the loss to be eligible for a grant)

Telephone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**STEP 3: Notarization of your signature is required here.**

**VERIFICATION – TO BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_:

On this \_\_\_\_ day of the month of \_\_\_\_\_, 20\_\_, the above applicant attests that they have read the foregoing Application for NYSUT Disaster Relief & Scholarship Fund assistance. The contents of the Application are true to my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**STEP 4: MAIL ORIGINAL COMPLETED FORM TO:**

**NYSUT DISASTER RELIEF & SCHOLARSHIP FUND  
800 TROY SCHENECTADY RD  
LATHAM, NY 12110-2455**

**APPLICATION DEADLINE:  
November 30, 2024**

*(Please Note Incomplete applications will be returned)*