NYSUT DISASTER RELIEF AND SCHOLARSHIP FUND

Instructions and General Information

Regarding Application For
Disaster Relief Payment

Please complete and return this application to the New York State United Teachers Disaster Relief and Scholarship Fund, 800 Troy-Schenectady Road Latham, New York 12110-2455. The Trustees will review your application for eligibility to receive a disaster relief payment from the New York State United Teachers Disaster Relief and Scholarship Fund.

Should you have any questions, please contact NYSUT (1-800-342-9810, ext. 6252; 518-213-6090, ext. 6252).

If there are extenuating circumstances and you are in need of referral and resource services, please contact NYSUT Social Services at 1-800-342-9810, ext. 6206.

Overview

Effective October 21, 2005, NYSUT established the NYSUT Disaster Relief and Scholarship Fund. One of the charitable purposes of the Fund is to promote and enhance the welfare of NYSUT members and of the general public in the State of New York and throughout the remainder of the United States who are in need of assistance, because of the occurrence of a natural or manmade disaster.

Types of Disasters Covered by the NYSUT Disaster Relief and Scholarship Fund

The NYSUT Disaster Relief and Scholarship Fund provides relief support for eligible losses stemming from: (a) manmade occurrences (such as an accidental house fire); (b) natural disasters not designated as federally declared qualified disasters; and (c) federally declared qualified disasters.

Federally Declared Qualified Disasters

If your loss occurred in a federally declared qualified disaster area, the following information is provided to you in your effort to receive broader reimbursement for your losses, in addition to any disaster relief payments which you may receive under the NYSUT Disaster Relief and Scholarship Fund.

A “qualified disaster” is a disaster that occurs in an area declared by the President of the United States to be eligible for federal assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the “Act”). If your area has been declared a disaster area under the Act, other assistance may be available. If you need to contact the Federal Emergency Management Agency (“FEMA”) for general information, you can call (202) 646-4600 or visit the FEMA web site at: http://www.fema.gov.
A list of areas warranting assistance under the Act is also available by calling FEMA at (800) 621-3362 or (800) 462-7585 (if you are a TTY/TDD user) and at the FEMA web site at: http://www.fema.gov/news/disasters.fema and the Internal Revenue Service web site at: http://www.irs.gov/newsroom.

**Ineligible Disaster Relief Payments**

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

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

**Taxation**

Under federal law, cash payments like those in which disaster victims receive from the NYSUT Disaster Relief and Scholarship Fund, generally are not included in your income for federal tax purposes. Moreover, such payments are not subject to employment taxes (Social Security, Medicare, and federal unemployment taxes). Accordingly, the NYSUT Disaster Relief and Scholarship Fund will not withhold any federal taxes from these payments. *Nonetheless, because each individual’s tax situation is unique, you are strongly encouraged to consult a tax professional to determine what impact such payments may have on your personal income tax situation. You may also obtain more information from IRS Publication 547 “Casualties, Disasters, and Thefts” available at* http://www.irs.gov/pub/irs-pdf/p547.pdf.

The content of this Application is not intended to serve as legal or tax advice.

**Important Reminder**

Please remember to complete the entire form which is enclosed, and before submitting it to the NYSUT Disaster Relief and Scholarship Fund, present the completed form to your local union president for signing.

*Only original forms can be accepted. No faxed or emailed forms.*
NYSUT DISASTER RELIEF AND SCHOLARSHIP FUND

Application For
Disaster Relief Payment

Your union is committed to helping members in times of need through its Disaster Relief and Scholarship Fund. Complete and return this application to the New York State United Teachers Disaster Relief and Scholarship Fund, 800 Troy-Schenectady Road Latham, New York 12110-2455. Please read and follow the directions for completing this application. If there are extenuating circumstances and you are in need of referral and resource services, please contact NYSUT Social Services at 1-800-342-9810, ext. 6206.

I ___________________________(print your full name) affirm that I meet all requirements to receive a disaster relief payment from the NYSUT Disaster Relief and Scholarship Fund in that:

1. As a result of a natural or manmade disaster such as a fire, flood, tornado or hurricane (for illustration purposes only), I have incurred (or will incur) the following expenses for either of the following losses: (a) the repair, rehabilitation, or replacement of my personal primary residence and/or its contents; or (b) the basic necessities, such as food, clothing, housing (including repairs), transportation, or medical assistance (for illustration purposes only); please list the types of losses and associated expenses (dollar amounts):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

2. Please describe the type of natural or manmade disaster or personal suffering that caused the losses for which you seek reimbursement (for example, fire, flood, tornado, hurricane, etc.):

____________________________________________________________________________________

3. I understand that I am required to submit available receipts or available estimates, or any other available documentation, evidence, data, or other information in support of my application...
as the Trustees may consider necessary or desirable to determine my eligibility for a disaster relief payment (please attach available receipts or available estimates to this application).

4. The losses itemized above have not been (or will not be) compensated by insurance or other reimbursement. In order to expedite processing of the application please provide the following:

   (a) For losses occurring in a federally declared disaster area*, please provide the determination letters of acceptance from FEMA, SEMA and your insurance company, together with the documentation described in paragraph #3, above.

   (b) For losses not occurring in a federally declared disaster area, please provide the determination letters from your insurance company, together with the documentation described in paragraph #3, above.

5. I understand that in accepting a disaster relief payment from the New York State United Teachers Disaster Relief and Scholarship Fund, I am required to use the payment for the losses itemized above.

6. I understand that my signing this application does not automatically entitle me to receive a disaster relief payment. 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 payment.

By signing this application, I certify that I have incurred (or will incur) expenses for the above referenced itemized losses, and that the Trustees of the NYSUT Disaster Relief may rely upon my certification.

Dated: ________________

Signature of Applicant

Address of Applicant:

__________________________

__________________________

__________________________

NYSUT Membership Number, if available

Telephone #: ________________

E-mail address: ________________

Name of local union

__________________________

Signature of President of local union

* See information pertaining to federally qualified disasters in the accompanying Instruction.