

**Professional Firefighters/Paramedics Benevolent Fund, Inc.**

**Application for Benefits**

**Member Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License \_\_\_\_\_ DOB \_\_\_\_\_

Marital Status \_\_\_\_\_

Spouse information

Name: \_\_\_\_\_

Drivers License \_\_\_\_\_ DOB \_\_\_\_\_

Employer \_\_\_\_\_

**Dependent Information**

Name	DOB	Gender	Relationship to Applicant
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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**Amount of Time Requested**

**Amount of Funds Requested**



Gross monthly income	Applicant	Spouse	Total
Base Salary	_____	_____	_____
Overtime	_____	_____	_____
Off-duty	_____	_____	_____
Bonuses	_____	_____	_____
Commissions	_____	_____	_____
Dividends/Interest	_____	_____	_____
Other	_____	_____	_____
Grand Totals	_____	_____	_____

**Assets and liabilities**

This statement and any applicable supporting schedules may be completed jointly by both married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis.

**Assets**

List savings and checking separately

_____	_____
Name of banking institution	Name of banking institution
_____	_____
Address	Address
_____	_____
City	City
_____	_____
Account #	Account #
_____	_____
Amount	Amount
_____	_____
Name of banking institution	Name of banking institution
_____	_____
Address	Address
_____	_____
City	City
_____	_____
Account #	Account #
_____	_____
Amount	Amount

**Stocks and Bonds**

**List accounts and stocks individually**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Description

\_\_\_\_\_  
Value

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Description

\_\_\_\_\_  
Value

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Description

\_\_\_\_\_  
Value

Total liquid assets \_\_\_\_\_

Assets

Retirement account

\_\_\_\_\_  
Enter Value

\_\_\_\_\_  
Enter Value

Real estate owned

\_\_\_\_\_  
Description

\_\_\_\_\_  
Value

\_\_\_\_\_  
Description

\_\_\_\_\_  
Value

Automobile(s)/Conveyances owned/leased

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Description

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Value/Owed

---

Balance

---

Description

---

Value/Owed

---

Balance

---

Description

---

Value/Owed

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Balance

---

Description

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Value/Owed

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Balance

**Liabilities**

Liabilities and pledged assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet if necessary.

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Company Name

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Address

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City State Zip

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Account#

---

Monthly Payment

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Remaining Balance

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Company Name

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Address

---

City State Zip

---

Account#

---

Monthly Payment

---

Remaining Balance

---

Company Name

---

Address

---

City State Zip

---

Account#

---

Monthly Payment

---

Remaining Balance

---

Total Payments

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Total Liabilities

**Documentation**

The following documents must be attached to each application :

Credit Report

Last 3 paycheck stubs

Last 3 checking account statements

Last 3 savings account statements

Last 2 years federal income tax return

Photocopy of driver's license or other government issued photographic identification.

To the best of my knowledge, all of the information supplied in this application is true and correct.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_ (name of affiant). He/she is personally known to me or

has produced \_\_\_\_\_ type of identification as identification .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of witness

**Professional Firefighters/Paramedics Benevolent Fund, Inc.**

**Authorization to Release Medical and Financial Records**

I hereby authorize any authorized representative of the Professional Firefighters/Paramedics Benevolent Fund, Inc. (Benevolent Fund) bearing this release, or copy thereof, to obtain any information in your files pertaining to my medical records, including history, diagnosis, treatment, and prognosis. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Benevolent Fund. I hereby release you, as the custodian of such records, and any physician, hospital, or other repository related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, my family, or associates, because of compliance with this authorization and request to release information, or attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Any person who knowingly and with intent to defraud files this Application for Benefits (application), or any information contained within this application with false information or conceals for the purpose of misleading information concerning any material fact hereto, or any person who assists in the filing of this Application for Benefits, commits a fraudulent act that is a crime. In the event that such a fraudulent application is submitted by the applicant or anyone else, this application may be immediately disqualified, the full sanctions under the law would be followed, and the eligibility of such person submitting or being a party to such a fraudulent application would be suspended for a period to be determined by the Benevolent Fund. In the event any money or any other benefit is paid as a result of such a fraudulent application, which is determined as fraudulent, the full penalty of the law will be applied, the amount of the payment will be recovered with interest and the person's eligibility for all benefits provided by the Benevolent Fund would be indefinitely suspended. Such recovery for any fraudulent act may also include all collection costs, which includes, but is not limited to the following: medical investigation charges, auditors' fees, and attorneys' fees, as necessary, whether suit is filed or not, and court costs.

I hereby authorize any authorized representative of the Benevolent Fund bearing this Authorization to Release Medical and Financial Records (Authorization), or copy thereof, to obtain any information in your files pertaining to my financial records, to include all bank records, federal and state income tax returns, credit or credit union records, or any other financial transactions. I hereby direct you to release such union records, or any other financial transactions. I hereby release you, as the custodian or repository of financial records, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this Authorization, or attempt to comply with it. Should there be any questions as to the validity of this Authorization, you may contact me as below.

Home Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone(s): Cell: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Applicant's Name (print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_