



HPAE DISASTER RELIEF FUND APPLICATION

Hotline 1-800-801-5005 ext. 168

www.hpae.org

Name _____

Local _____

Primary Home Address

Phone _____

Cell Phone _____

Email _____

Current Address (due to forced relocation)

Please answer the following questions describing the losses that you sustained due to Tropical Storm Ida. Applications will be considered by the review committee of the HPAE State Executive Council. Priority will be given to those experiencing the highest loss and/or need. Please be detailed in your explanation and attach any verifying documentation that will support your application. Use additional pages as needed. Receipts and/or estimates may be requested.

1. Did you sustain loss or extensive structural damage to your primary residence requiring you to relocate?

2. Did you sustain extensive damage to your primary residence or property (eg. automobiles, appliances, furniture, etc.) not requiring relocation?

3. Did you lose wages? If so, how much? Please attach paystubs to verify.

4. Did you have damage caused by power outage or flooding?

5. Is there another situation or anything else that you would like us to know?

By signing this application, I certify that I have incurred, or will incur, expenses for the above referenced losses and that the HP AE State Executive Committee may rely upon my certification.

Applicant's Signature _____ **Date** _____

*Return completed application by email, fax, or regular mail. **Signature is required.***

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