



INTERNATIONAL COUNCIL DISASTER FUND APPLICATION

Date _____ Name _____ Spouse _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Member of - Chapter Name _____ Number _____ City/State _____

Members Pledge Date and Present Status _____

Explain Nature of Destruction/Damage to Home/Explain Nature of Destruction/Damage to Personal Items/Explain Serious Accident and/or Catastrophic Illness (**Before filling out this claim be sure to look at the qualify guidelines**) _____

Have you included additional material to back up the nature of damage, destruction, serious accident/medical and/or medical files? Yes _____ No _____ (**Committee will require information prior to approval to determine the claim.**)

Total \$ Amount of Destruction and/or Medical Expense _____

Total \$ Amount of Disaster Fund Assistance Requested _____

Prior Assistance from Disaster Fund: Yes or No _____

If Yes, Indicate Amount Received _____ Date _____ Nature of Claim _____

Submitted by:

Chapter President's Signature _____ Date _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Note: if claim applicant is chapter president then vice president should sign.

Note: State Disaster Fund Chair hereby approves this application. My signature on this application indicates that I have reviewed this application and find it to be a valid claim according to IC Disaster Fund Guidelines

Approved by:

State Disaster Fund Chair Signature _____ Date _____

Address _____

City/State/Zip _____

Phone _____ Email _____

NOTE: ALL ABOVE INFORMATION IS REQUIRED AND MUST BE COMPLETED - Additional information can be attached to this application. Send original application & one (1) copy to the State Disaster Fund Chair. State Disaster Fund chair will send original application to the IC Disaster Fund Chair, who will distribute copies to IC President and IC 1st Vice President. **Important:** State Disaster Fund Chair should retain the copy for the state files. In the event there isn't a state council, application should be sent directly to IC Disaster Fund Chair. **(Application/additional material may also be emailed to the IC Disaster Fund Chair)**

IC Disaster Fund Chair only

Date Received: _____ Amount Paid: _____ Date _____ Initial: _____

Revised: May 8, 2016