

1. Name _____ Date of Birth _____
_____ First _____ MI _____ Last _____
_____ Mo _____ Day _____ Year _____

2. Address _____
_____ Street _____ City _____ State _____ Zip _____

3. Former Address (if less than 2 years)
No
_____ No. _____ Street _____ City _____ State _____ Zip _____ Code _____

4. Marital Status: Unmarried
Married Date _____
Separated _____ Date _____
Divorced _____ Date _____
Widowed _____ Date _____

5. Number of Dependents _____ Names _____ Relationship _____

6. Social Security Number _____

7. Home Telephone Number _____

8. Employer: _____ Address _____
Name _____
Telephone No. _____

9. Business Telephone No. _____

10. Date of Original Membership in Association _____ +- _____

11. Are you a member of a Benevolent Association other than freeport? Yes _____ No _____
If yes, Name _____ Address, _____
Telephone No. _____

12. Are you a member of a fire Department other than freeport? Yes _____ No _____
If yes, Name _____ Address, _____
Telephone No. _____

FOR ASSOCIATION USE ONLY:

Approved _____ Rejected _____ Date _____

By (& Title) _____

Amount _____

Conditions _____ +- _____

1. My disability is (if injury, also state how, when, and whereit occurred)

2. Date Disability commenced _____
Mo Day Year

3. Have you recovered from this disability? Yes _____ No _____
If yes, date of recovery _____
Mo Day Year

4. Are you covered by any medical, surgical, dental, optical or other health insurance, or indemnity insurance? Yes _____ No _____
If yes, name, address and telephone number of each insurance company and type of coverage and policy number (including group number if applicable)

5. Are you covered by any disability insurance? Yes _____ No _____
If yes, name, address and telephone number of each insurance company and policy number (including group number, if applicable)

6. Amount requested: =- _____

7. Purpose of Assistance (attach health care provider bills/invoices or other bills, invoices or other bills, invoices or information, if any)

8. a) A
If yes, Name _____ Address _____
Telephone No. _____

b) Have you applied for or received assistance from any other Benevolent Association other than Freeport in relation to matters contained in this application? Yes No _____
If yes, Name Address, _____
Telephone No _____
Explanation _____

c) Are you a member of a fire department other than Freeport? Yes _____
If yes, Name _____ Address _____
Telephone No. _____

- d) Do you own real estate? Yes _____ No _____
 If yes, is the property mortgaged or subject to a lien? Yes _____ No _____
- e) If yes, principal balance unpaid (mortgage) or amount of lien \$ _____
 Maturity date of Mortgage _____
- f) Are there any outstanding judgments against you? Yes _____ No _____
 If yes, amount (s) \$ _____ Date of Judgment _____
 Judgment Creditor _____
- g) Have you had property foreclosed upon or given title or deed in lieu thereof?
 Yes _____ No _____ If yes, Date _____
 Explanation _____
- h) Have you ever filed for voluntary bankruptcy or been placed into involuntary bankruptcy
 or made an assignment for the benefit of creditors? Yes ___ No ___ If yes, Date _____
- i) Are you a co-maker or endorser on a note? Yes _____ No _____
 If yes, amount(s) \$ _____ Comments _____
- j) Are you a party to a law suit? Yes ___ No ___ If yes, Plaintiff _____
 Defendant _____ Comments _____

REPRESENTATION AND AUTHORIZATION: The undersigned applies for the assistance in this application; and further represents that all statements and information made or contained in this application and any accompanying statements or information are true, accurate and complete and are made for the purpose of obtaining the assistance. All information requested has been disclosed herein. Verification may be obtained from any source named in this application.

The undersigned hereby authorizes any bank, insurance company, pension plan, former employer, current employer, physician, surgeon, hospital, or other health care provider, or any other person, firm or corporation, whether named herein or otherwise, having any personal information regarding my finances, former employment, current employment, health, medical, dental or optical treatment, insurance or pension entitlements, death benefits, or other personal information, to disclose the same and provide copies thereof to any agent or representative of The Volunteer and Exempt Firemen's Benevolent Association of Freeport, New York, and I release and discharge any such person, firm or corporation from any liability whatsoever in doing so.

The applicant expressly agrees that any money received by the applicant from a provider or otherwise due to insurance coverage or otherwise in connection with the subject matter of this application up to the amount provided on behalf of the applicant by the Volunteer and Exempt Firemen's Benevolent Association of Freeport, N.Y. shall be paid to said Association upon receipt.

The original or a copy of this application and any verifications or copies of same shall be retained by the Association, even if the assistance requested is not approved.

Date _____ Applicant, _____

Sworn to before me, under penalty of perjury,
 this _____ day of _____, 20_____

Notary Public
 9/16

9/16

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Doctor's Signature

Doctor's Name (Please print)

(Office address)
No. _____ Street _____ Town _____ State _____ Zip _____

Telephone No.

Date