





yes, Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Are you a member of a Fire Department other than Freeport? Yes - No If yes,  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

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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 judgements against you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, amount (s) \$ \_\_\_\_\_ Date of judgement \_\_\_\_\_  
Judgement 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 voluntary bankruptcy  
or made an assignment for the benefit of creditors? Yes \_\_\_\_\_ No \_\_\_\_\_ If  
yes, Date \_\_\_\_\_

i) Are you a maker, 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 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

\_\_\_\_\_  
Notary Public

2/04



\_\_\_\_\_  
\_\_\_\_\_

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9. I affirm that I am a \_\_\_\_\_  
e.g. Physician, Podiatrist, Chiropractor, Dentist

Licensed in the State of \_\_\_\_\_ License No. \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Doctor's Name (Please Print) \_\_\_\_\_

Office Address \_\_\_\_\_  
No. Street Town State Zip

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Date \_\_\_\_\_

