

CONFIDENTIAL INFORMATION  
(Please Print)

LOCAL \_\_\_\_\_

STRIKERS' APPLICATION FOR ASSISTANCE

(Home address)  
NAME \_\_\_\_\_ AGE \_\_\_\_\_ COMPANY NET CREDITED SERVICE IN YEARS \_\_\_\_\_  
STREET \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TELEPHONE # - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Present Work: \_\_\_\_\_

1) Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_  
Dependent Name Relationship Age Dependent Name Relationship Age  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Residence - Own \_\_\_\_\_ Rent \_\_\_\_\_ Payment \$ \_\_\_\_\_ (Monthly) Date of Last Payment \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Balance of.....Bank Accounts \$ \_\_\_\_\_ Savings Accounts \$ \_\_\_\_\_  
Credit Union Accounts \$ \_\_\_\_\_ Other Securities \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_  
4) Do you own any income property? \_\_\_\_\_ Monthly income \$ \_\_\_\_\_  
5) Are you working now? \_\_\_\_\_ Where: \_\_\_\_\_ Weekly Income \$ \_\_\_\_\_  
6) Is your spouse or any adult member of your family working? \_\_\_\_\_ Weekly Income \$ \_\_\_\_\_  
7) What is the total amount of income PRESENTLY being received by you and adult members of your family \$ \_\_\_\_\_  
8) What was your total weekly income PRIOR to the strike \$ \_\_\_\_\_  
9) Have you attempted to gain temporary employment? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) List the items for which you need assistance:  
Date bill is due? To whom is bill owed? What is the bill for? Amount  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
11) What have you done to obtain credit? \_\_\_\_\_  
\_\_\_\_\_  
12) What have you done to extend your credit? \_\_\_\_\_  
\_\_\_\_\_

"I hereby declare that all the above information is true. I understand that if any information so stated is found to be false, I agree to repay all strike assistance received by me under false pretenses to the Defense Fund. I promise to report any change in financial status for the duration that I am receiving aid from the Defense Fund."

Member Signature \_\_\_\_\_ Date \_\_\_\_\_