**APPLICANT INFORMATION** (Please print):

First Name

Last Name

Address

City

State

Zip

Social Security #

DOB

Home Phone

Cell Phone

Date Retired

Year joined BRPBA

Locater #

Are you a member of F.O.P. #3?

===================================================================

**ELIGIBILITY REQUIREMENTS**: To be eligible for assistance from the BRPBA “Distress Fund” you must meet the following requirements:

1. Be an ACTIVE member of the Baltimore Retired Police Benevolent Association for a period of at least ONE year; OR

2. Minor child(ren) of a deceased member.

=====================================================================

**REQUESTED AMOUNT**:

Amount being requested: $

Reason for Financial Assistance (Be specific):

(If additional space is needed, attach another sheet)

**MEMBER INCOME**: (Include most recent pay stub)

Current Monthly GROSS pay: $

 (Retired and/or employment)

Current retired Monthly NET amount: $

(Retired and/or employment)

List ALL deductions taken from Monthly pay:

Federal Tax:

State Tax:

State Tax:

FOP Dues:

==================================================================

**SPOUSE INCOME**: (Include most recent pay stub)

Does your spouse work? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

If not, does your spouse receive any retirement benefits? YES NO

If the answer is “YES”, provide ALL details and amounts received:

If your spouse works:

Current Monthly GROSS pay: $

Current Monthly NET amount: $

List ALL deductions taken from Monthly pay:

Federal Tax:

State Tax:

State Tax:

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

Do you have a Credit Union account for savings, home loan, car loan, or personal loan?

 YES

 NO

If you answered “Yes”, please explain below:

==================================================================

**OTHER SOURCES OF INCOME**:

(Include ALL other sources of income, to include: other retirement pay, child support, investments, help from church, SSI, FOP or others, etc.)

Do you receive any financial assistance from family members?

\_\_\_\_\_\_\_\_\_\_\_ YES

If the answer is “YES”, please explain in detail:

 \_\_\_\_\_\_\_\_\_\_\_ NO

NOTE: In order for your application to be considered for an award from the BRPBA, you must include with this application, copies of the following items:

1) Most recent F & P Pension Systems statement and pay stub if working.

2) List of ALL sources of income (including spouse).

3) List of ALL expenses (mortgage, credit card bills, medical expenses, etc).

4) Copy of latest Income Tax report filed.

5) Last two recent bank and/or credit union statements.

**NOTE:** These records are to be used for “Verification” only. They are confidential and

**WILL NOT** be shared with anyone else.

*You* ***DO NOT*** *have to live in the State of Maryland to apply for assistance.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE**: By signing below, I am providing all the information requested. I attest that this information is complete, accurate and true.

I understand that if I provide false or misleading information it will be used as a basis for rejecting my request for assistance.

Signature of Applicant DATE

**(BRPBA PAGE ONLY)**

**APPLICANT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISTRESS CASE NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERVIEWER’S RECOMMENDATIONS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BRPBA EXECUTIVE BOARD REVIEW**:

Application Status:

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Awarded: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason(s) for disapproval:

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

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

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

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

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

*Revised 05/11/16*