

# SEIU California



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[www.seiucalifornia.org](http://www.seiucalifornia.org)

## **Guidelines and Application for Disaster Expense Reimbursement from the California State Council of Service Employees DISASTER RELIEF FUND**

Dear SEIU Members and Families:

We know that many of our California brothers and sisters suffer financial hardships as a result of natural disasters in our state. In response to fires, floods earthquakes in the past, local unions from across the nation have joined to offer support to members who may be suffering financial hardship as a result of the disaster. Our goal is not to replace insurance or governmental assistance, but to provide a supplemental reimbursement for those unusual costs which often stretch our budgets during a natural disaster.

### **Available Assistance**

Eligible members and their families can receive two types of assistance up to the maximum amount(s):

- **Housing Assistance:** may include cost of temporary housing or repair to existing housing. Maximum assistance amount: \$3,000 per SEIU household
- **Other Needs Assistance:** costs of disaster related expenses and serious needs including medical and dental expenses, funeral and burial costs, repair or replacement of household items such as clothing, furniture, necessary occupational tools and educational materials, costs for clean-up, excess utility costs, and other disaster related expenditures. Maximum assistance amount: \$4,000 per SEIU member

No single member shall receive more than \$5,000 in assistance. Members sharing living quarters or otherwise sharing financial responsibility for each other shall be limited to a maximum of \$7,000 per household.

### **Eligibility Requirements**

**Membership:** The State Council will contact your local union to verify you are a member in good standing with your local union. A “member of good standing” has been a full dues paying member of an SEIU California local union for a minimum of six months in the last two years. The months of membership do not need to be consecutive.

Incurring Loss: Your current or previous residence must have been located in a California county affected by the disaster during the last twenty-four (24) months and any losses claimed should have been caused by the natural disaster or its immediate consequences.

Documentation: Actual receipts or other 3<sup>rd</sup> party documentation for the amounts being requested must be provided to document an actual expense. This may include service orders for repairs completed, rent statements, cancelled checks, or other statements from vendors and service providers.

**All documentation should include a name, address, and phone number for the service provider or retailer, who must actually receive payment from you for the service or item.**

*(For example: we cannot reimburse for repairs performed by a neighbor or family member even if they provide you with an "invoice" for the value of the repairs unless you actually paid cash for the service. However, we can reimburse for any equipment, parts or tools which were needed to achieve the repair).*

### **Application Instructions**

Complete the attached application and submit it with your Documentation to:

SEIU California State Council  
1130 K Street, Suite 300  
Sacramento, CA 95814  
Attn: Disaster Relief  
disasterrelief@seiucal.org

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## SEIU CALIFORNIA DISASTER RELIEF FUND APPLICATION FOR REIMBURSEMENT

Date of Application: \_\_\_\_\_

Full Legal Name of SEIU Qualifying Member(s): \_\_\_\_\_  
(list everyone in household who may qualify)

SEIU California Local Union # (list multiple locals if applicable): \_\_\_\_\_

Has your membership been continuous over the last six months?  Yes  No

Additional Eligibility Information if Applicable (please explain any unique circumstance):

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

Current Mailing Address: \_\_\_\_\_

Address at time of Fire Loss (if different): \_\_\_\_\_

Type of Assistance Requested:  Temporary Housing Assistance  
 Residential Repairs  
 Replacement of Household items or necessary tools  
 Other expense reimbursement (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Assistance Requested: Temporary Housing Costs: \$ \_\_\_\_\_  
Residential Repairs: \$ \_\_\_\_\_  
Replacement of Items/Tools \$ \_\_\_\_\_  
Other Disaster-Related Loss \$ \_\_\_\_\_

CONTACT PHONE AND EMAIL: \_\_\_\_\_ (phone) \_\_\_\_\_ (email)

**Please attach formal documentation for all expenses for which you are requesting reimbursement.  
Staff will contact you if there are any questions regarding your submission.**