

# NSUJL Assistance Application (Renewal)

## Application Information

NSUJL is a non-profit organization dedicated to serving Fallen or Injured I.B.E.W. Linemen, Groundmen, Operators, or LCTT and/or their spouses and children. Its NSUJL's mission to provide emergency financial, emotional and physical assistance, in cases of work related injuries or death. Some of our assistance includes: financial assistance for bills (medical or home), counseling, delivering of home cooked meals and/or maybe just a friendly voice on the phone. Whatever is needed to help the family get back on their feet.

To qualify for assistance from NSUJL, the deceased (hereby known as "your loved one") must have been fatally injured on the job, during working hours and must meet one of the following requirements:

- Be an I.B.E.W. Journeyman Lineman and/or the Spouse/Minor Child thereof.
- Be an I.B.E.W. Apprentice Lineman and/or the Spouse/Minor Child thereof.
- Be an I.B.E.W. Groundmen or Operator and/or the Spouse/Minor Child thereof.
- Be an otherwise classified I.B.E.W. Linemen and/or Spouse/Minor Child thereof.
- Be an I.B.E.W LCTT and/or Spouse/Minor Child thereof.

*Please Note: We are a membership organization which is pertinent to our ability to function nationwide. Membership is NOT required for receiving benefits. The only requirements are those listed above.*

## List of Benefits Available

- Emergency Financial Assistance for bills (medical and/or home)
- Certified/Licensed Counseling Services
- Home Services such as meal delivery and babysitting
- Ongoing support from the NSUJL Board of Directors and Members
- Admittance to our Private Support Group of Wives of the Fallen and severely injured.
- College Scholarships: After applications have been approved, we can provide scholarships for both Spouses and Children of Fallen Linemen, Groundmen, Operators or LCTT.

## Documentation Checklist

Please include **copies** of the following with application:

- **ALL Bank statements from the previous month; and**
- **Last 2 paystubs of all household members; and**
- **Most recent worker's compensation stub; and**
- **Copy of current paid union dues receipt; and**
- **Copy of ALL recent bills to be considered for aid.**

Note: Only copies of bills received will be considered for aid. NSUJL does not provide assistance for non-essential items such as but not limited to: credit cards, recreational vehicles, vacations, eating out, cable/dish/DirectTV, personal loans, etc. NSUJL will consider court ordered payments, tax payments, daycare, life insurance, etc. on a case by case basis. Food & personal hygiene benefit is determined by a National Standard provided by the IRS.

If determined, you may be requested to send copies of additional documentation verifying information provided. Please send copies, not originals, as NSUJL can't return any documents sent with the application. A representative will inform you on which, if any, documents are needed.

## About the Application Process

The process for applying for NSUJL assistance includes these steps:

- Complete the NSUJL Assistance Application form in this packet.
- Include supporting documents listed in the checklist.
- We will look at your income, family size and current needs to determine the level of assistance available to you.
- A representative will contact you if further information is needed and to update you on the status of our application.

Please allow 5 business days for processing once all required documents are received and any additional questions are answered.

Please email, mail or fax your completed application form and **copies of your supporting documents** to:

**NSUJL**  
555 Foster Ave.  
Freeland, PA 18224  
Fax: 678-285-5751

**Questions?**  
Sarah Raymond  
Phone: 266-6958  
Email: sarah@nsujl.org

Name of person requesting assistance:		
Relationship to your loved one:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Name of your loved one:		
Spouse/Significant other of your loved one (If different):		
Address:		
City:	State:	Zip:
Phone:	Email:	
Local Union of your loved one:	Employer:	
Accident Date:	Accident Type:	
Local Union of Job Location:	Job location:	
Accident Details:		

**Type of Assistance Requested (check all that are applicable)**

- Emergency Financial Assistance for bills (medical and/or home)  
*Amount requested:* \_\_\_\_\_ *needed by date:* \_\_\_\_\_  
 Private Support Group for Wives of the Fallen and severely injured
- Certified/Licensed Counseling Services
- Annual Christmas giving tree campaign
- Home Services such as meal delivery and babysitting
- College Scholarships
- NSUJL Membership
- A Lineman's Child

**List Household Members:**

<i>Name</i>	<i>Relation</i>	<i>DOB</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of household members including applicant: \_\_\_\_\_

**Spouse Employment and Education:**

1. Does the Spouse of your loved one hold employment? _____
a. If Yes, When was the last day worked? _____
<ul style="list-style-type: none"> <li>• Last check received and amount? _____</li> </ul>
<ul style="list-style-type: none"> <li>• Vacation/Personal time available? _____</li> </ul>
<ul style="list-style-type: none"> <li>• Anticipated date of return? _____</li> </ul>
<ul style="list-style-type: none"> <li>• What is the Hourly/Salary rate of Spouse? _____</li> </ul>
b. If No, Has the Spouse ever held gainful employment? _____
<ul style="list-style-type: none"> <li>• What year? _____</li> </ul>
<ul style="list-style-type: none"> <li>• Position held: _____</li> </ul>
2. If not employed, Has the Spouse of your loved one sought out employment? _____
<ul style="list-style-type: none"> <li>• If No, Please explain: _____</li> </ul>

**Monthly Household Income:**

	Your Loved One	Spouse and/or other household member
Normal Net Income		
Workers Comp (per household member, if applicable)		
Donations received		
Checking Account Balance		
Savings Account Balance		
Outside Funding (Government, etc.)		
Insurance Benefit received		
Child Support		
Other income		

**Monthly Household Expenses:**

Type	Payee	Account#	Normal Monthly amount	Last paid date & amount
Union Dues				
Mortgage/Rent				
Heat				
Electric				
Water				
Home Phone				
Cell Phone				
Auto Payment				
Auto Gas				
Auto Insurance				
Child Support				
Other**				

*\*\*NSUJL does not provide assistance for unnecessary debt such as credit cards, personal loans, recreational vehicles, etc. Food benefit is granted on a national average for a family of your size. Court ordered payments, life insurance, daycare, etc. will be assessed on a case by case basis.*

*Disclaimer: I understand that the information I provide will be used only to determine financial assistance that may possibly be provided by the National Sisterhood United for Journeymen Linemen and all information will be kept confidential. I understand that the materials I send to prove my income and assets will not be returned. I further understand that the information which I submit concerning my family size is subject to verification by the NSUJL. I understand that if any information I have given is determined to be false, it may result in denial of financial assistance. My signature authorizes NSUJL to verify all information provided on this form if applicable. I certify that the above information is true and accurate to the best of my knowledge.*

Please print your completed form, then sign and date below. Please return form and supporting documents via mail, email or fax.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_