

## ATU Disaster Relief Fund, Inc.

10000 New Hampshire Avenue, Silver Spring, MD 20903-1706 (301) 431-7100 Fax (301) 431-7117

March 4, 2020

## Via Email and First-Class Mail

Karen Miller President/Business Agent ATU Local 1700 6025 Stage Road Suite 42-190 Memphis, TN 38134 karenmiller1700@aol.com

Re: ATU Disaster Relief Fund, Inc.

Dear Sister Miller:

I am writing you on behalf of the ATU Disaster Relief Fund, Inc. regarding the recent tornadoes in the Nashville, Tennessee area. I was deeply saddened to hear of the damage caused by the tornadoes and hope that all of your members and their loved ones are healthy and safe. To assist ATU families to recover from the disaster, the ATU Disaster Relief Fund is expected to be providing monetary aid to ATU members who suffered losses as a result of the disaster, and to the immediate family members of ATU members who have died as a result of the disaster.

The ATU Disaster Relief Fund is expected to provide individuals up to \$1,000 in assistance to defray losses they have suffered or expenses they are facing as a result of the disaster.

In order to be eligible to receive assistance, an individual must complete and sign a Financial Assistance Request Form and provide supporting documentation of his or her loss and/or hardship. <u>It</u> has been our experience that locals need to reach out to families in their local which have been affected, and assist them with completing their Request Forms and collecting the supporting documentation. Our members are not always aware that they are eligible for assistance, and oftentimes the disasters leave them with pressing concerns that prevent them from turning their attention to applying for assistance. Applicants for assistance must file the form and supporting documents with their local union. In your role as President/Business Agent, you must review the Request Forms and supporting documents, and confirm by signature that everything is true and correct to the best of your knowledge. Once you have reviewed everything and signed a Request Form, you should forward it and the supporting documents to the Disaster Relief Fund in Silver Spring. Please note that Request Forms completed and signed by you in your capacity as Local Union President/Business Agent and all supporting documentation must be received by the Disaster Relief Fund at 10000 New Hampshire Ave., Silver Spring, MD 20903 by May 4, 2020.

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I am enclosing with this letter Financial Assistance Request Forms for distribution to your members who are seeking assistance. The supporting documentation an individual provides should allow the ATU Disaster Relief Fund to verify that the individual has suffered a loss as a result of the disaster, and the extent of the loss. Such documentation may include copies of insurance claim forms, photographs of damage, estimates for repairs, or similar documents which confirm that the member suffered a loss and demonstrate the nature of the loss. Although we regret imposing the burden of collecting documents on people who are busy getting their lives back together, the Disaster Relief Fund is required to have and review such documents in order to maintain our tax-exempt status.

If there is anything that my office can do to assist your members with regard to the ATU Disaster Relief Fund, please contact me.

In solidarity,

John A. Costa President

yre/8 Enclosure

c: Bruce Hamilton, International Vice President, ATU
Sammie Howard, Jr., Financial Secretary, ATU Local 1700
(above via email w/enclosure)

## ATU Disaster Relief Fund Financial Assistance Request Form

1. Full name:		
2. Social Security number:		
3. ATU Local Union number:	Active or retired member:	
4. Employer:		
5. Member's address: (Even if you are not currently living there.)		
6. Member's current mailing address: (Mailing address the Fund should use to correspond with you if different from above.)		
7. Member's telephone number:		
8. Description of the loss suffered (please describ	e in detail):	
10. Signature:	Date:	
Submit your Completed Request F	orm with Supporting Documentation to	your Local Union
You must provide with this Request Form sup to verify that you have suffered a loss or a har expense you incurred as a result of the disaste a photograph of the damage, an estimate for rep suffered a loss and demonstrate the nature of the	rdship as a result of a disaster, and the or. Such documentation may include: a copairs, a medical bill, or similar document	extent and value of the loss or opy of an insurance claim form, is which confirm that you have
For ATU Lo	ocal Union President/Business Agent	
Based on my review of this completed and signed documentation, and on all other information other the statements on this Request Form are true and	rwise known to me, I certify that to the b	est of my knowledge and belief
Signature	Name	Date

This Request Form completed and signed by the Local Union President/Business Agent and all supporting documentation must be received by the Disaster Relief Fund at 10000 New Hampshire Ave., Silver Spring, MD 20903 by May 4, 2020.