

SEIU California



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www.seiucalifornia.org

Guidelines and Application for Disaster Expense Reimbursement from the California State Council of Service Employees CALIFORNIA WILDFIRE RELIEF FUND

Dear SEIU Members and Families:

We know that many of our California brothers and sisters suffer financial hardships as a result of the ongoing wildfires that plague our state. After another straight year of record fire seasons, local unions from across the nation have joined with SEIU California to do what we can to help members who may be suffering financial hardship due to fire loss. 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.

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

Documentation: Actual receipts or other 3rd 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: Chris Hansen
chansen@seiucal.org

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SEIU CALIFORNIA WILDFIRE 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.**