

HONOR EMERGENCY FUND
OF THE
FIRE DEPARTMENT OF THE CITY OF NEW YORK

Date of Application: _____

Employee: **FDNY** **CIVILIAN** **RETIREE**

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email _____

S.S.N: _____ Retirement Date.: _____ Appointment Date: _____

STATUS

Rank: _____ Active: Retired: Veteran

Engine/Ladder Company: _____ Division: _____ Battalion: _____

Unit Location: _____ Unit Tel #: _____ Group Number: _____

SPOUSE/DOMESTIC PARTNERSHIP

Married: Separated: Single:

Name of Partner/Spouse: _____ Address: _____

Email: _____ Telephone #: _____ Age: _____

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EMERGENCY CONTACT INFORMATION

Name: _____ Address: _____

Email: _____ Telephone #: _____ Relationship: _____

REASON FOR ASSISTANCE

- Home Health Care / Child Care / Respite Care
- Bill Balance Arrears
- Home Emergency
- Prescriptions
- Financial
- Medical

Please list all financial obligations for which you are seeking assistance:

Amount: _____ Creditor: _____

Amount: _____ Creditor: _____

Amount: _____ Creditor: _____

Amount: _____ Creditor: _____

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RESIDENCE

Apartment: Home: Purchase Price: _____

Original Mortgage Amount: _____ Mortgage Balance: _____

Mortgage Held By: _____ Renter: Yes No Monthly Rent: _____

AUTOMOBILE | VEHICLE | BOATS

Make: _____ Year: _____ Model: _____ Mileage: _____

Make: _____ Year: _____ Model: _____ Mileage: _____

Make: _____ Year: _____ Model: _____ Mileage: _____

Make: _____ Year: _____ Model: _____ Mileage: _____

Is Civil Action planned or pending: Yes No Amount: _____

Workers Compensation: Yes No Amount: _____

Health Coverage: Yes No Type of Plan: _____

Medicare: Yes No Medicare Number: _____

Medicaid: Yes No Medicaid Number: _____

Please list any additional health insurance coverage. _____

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MONTHLY FAMILY INCOME

Applicant Average Monthly FDNY Salary: Gross: _____ Net: _____

Applicant Other Employment: Name of Company: _____ Gross: _____ Net: _____

Applicant Other Employment: Name of Company: _____ Gross: _____ Net: _____

Spouse/Domestic Partner Income: Name of Company: _____ Gross: _____ Net: _____

Child Support: Yes No Monthly Amount: _____

Social Security Applicant: Yes No Monthly Amount: _____

Social Security for Spouse and/or Child: Yes No Monthly Amount: _____

Veteran: Yes No Monthly Amount: _____

Unemployment: Yes No Monthly Amount: _____

Government Assistance: (Type) _____ Yes No Monthly Amount: _____

Pension(s): FDNY: _____ (monthly) Other: _____ (monthly)

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ASSETS: SINGLE | SPOUSE/DOMESTIC PARTNER | JOINT

Checking Account: Name of Bank: _____ Current Balance: _____

Checking Account: Name of Bank: _____ Current Balance: _____

Checking Account: Name of Bank: _____ Current Balance: _____

Saving Account: Name of Bank: _____ Current Balance: _____

Saving Account: Name of Bank: _____ Current Balance: _____

Saving Account: Name of Bank: _____ Current Balance: _____

457 Deferred Compensation Plan: Yes No Ending Balance: _____

401K Plan: Yes No Ending Balance: _____

IRA: Yes No Ending Balance: _____

Spouse/Domestic Partner IRA Retirement Savings: Yes No Ending Value: _____

Investments: CD(s): Stocks: Bonds:
Balance: _____ *Total Value:* _____ *Total Value:* _____

Money Market: Money Market: Mutual Funds:
Balance: _____ *Total Value:* _____ *Total Value:* _____

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Brokerage Account: Yes No Name of Brokerage: _____ Ending Value: _____

Other Retirement Account: Name of Account: _____ Ending Balance: _____

Other Retirement Account: Name of Account: _____ Ending Balance: _____

Rental Income: Yes No Monthly Received: _____

Other Real Estate Owned: Yes No Approximate Value: _____

Have you ever previously received assistance from the **Honor Emergency Fund**? Yes No

Disclaimer and Signature

I hereby certify that each of the statement made by me are true to the best of my knowledge. I hereby authorize your office to obtain any additional information you may deem pertinent to this application.

Signature: _____ Date: _____