

HONOR EMERGENCY FUND
OF THE
FIRE DEPARTMENT OF THE CITY OF NEW YORK
Family Member Application

FAMILY MEMBER INFORMATION

Name: _____ Veteran: Yes No

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: Widow Remarried

FDNY MEMBER INFORMATION:

Name: _____ Veteran: Yes No

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Reference Number: _____ D.O.B _____ Date of Death: *(if applicable)* _____

HEALTH INSURANCE INFORMATION:

Do you have supplemental insurance? Yes No

Medicare Number: _____

Medicaid Number: _____

Name of Plan: _____

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

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Reason you are seeking assistance:

Financial Medical Prescription Respite Home Care

Other _____

Please list bills and/or describe your situation and the amount owed or need to be paid:

(If you require more space for additional information. Please attach your own list.)

MONTHLY INCOME INFORMATION:

FDNY Pension: _____ Social Security: _____ Veteran: _____

Other Pension: _____ Other: _____

Income Gross: _____ Income Net: _____ Rental Income: _____

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Do you receive financial assistance from your children and/or family members?

Yes No Amount: _____

How often do you receive financial assistance?

Weekly Monthly Other Amount: _____

SAVINGS AND ASSETS:

Name of Bank: _____

Type of Account: Checking Savings Amount: _____

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CDs Brokerage Accounts Money Market Bonds Total Value: _____

Stocks Mutual Funds Retirement Accounts Total Value: _____

Other Assets: _____ Total Value: _____

RESIDENCE:

Do you own a home? Yes No

Type of home: Single 2-Family Multi-Family Townhouse Condo Co-op

Year of Purchase: _____ Purchase Price: _____

Held By: _____ Monthly Mortgage: _____ Mortgage Balance: _____

Do you pay rent? Yes No Monthly Rent: _____

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OUTSTANDING DEBT:

Medical Dental Credit Card Personal Loan

Please list all other financial obligations:

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

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

Print Name: _____

Signature: _____ Date: _____