

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

EMERGENCY CONTACT INFORMATION

Name: _____ Address: _____

Email: _____ Telephone #: _____ Relationship: _____

REASON FOR ASSISTANCE

- Financial
- Home Health Care / Child Care / Respite Care
- Bill Balance Arrears
- Home Emergency
- Prescriptions
- Medical
- Other (please include) _____

Please list all financial obligations for which you are seeking assistance: *(if applicable)*

Amount: _____ Creditor: _____

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RESIDENCE

Apartment: Home: Purchase Price: _____ Date of Purchase: _____

Original Mortgage Amount: _____ Mortgage Balance: _____

Mortgage Held By: _____ Monthly Mortgage Payment: _____

Renter: Yes No Monthly Rent: _____

Renters or Home Owners Insurance Provider: _____ Monthly Payment: _____

Home Equity Loan or Line of Credit Original Amount: _____ Remaining Balance: _____

Loan Held By: _____ Year Obtained: _____

AUTOMOBILE | VEHICLE | BOATS

Make: _____ Year: _____ Model: _____ Monthly Payment: _____

Make: _____ Year: _____ Model: _____ Monthly Payment: _____

Make: _____ Year: _____ Model: _____ Monthly Payment: _____

Car Insurance Provider: _____ Monthly Payment: _____

Other Financial Contributions

Workers Compensation: Yes No Amount: _____

Health Coverage: Yes No Name of Plan: _____

Medicare: Yes No Medicare Number: _____

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Medicaid: Yes No Medicaid Number: _____

Please list any additional health insurance coverage. _____

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(ren): 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: _____

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

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

Savings 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:

CDs Balance: _____

Stocks Total Value: _____

Bonds Total Value: _____

Money Market Balance: _____

Mutual Funds Mutual Funds: _____

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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.

Print Name: _____

Signature: _____ Date: _____