



WALSH / Di TOLLA / SPIVAK FOUNDATION

Catastrophic Relief Application

MISSION

The Walsh/Di Tolla/Spivak Foundation assists IATSE members in times catastrophe. It is a “no strings attached” benefit, exclusively for members In Good Standing. It is granted at the discretion of the Walsh/Di Tolla/Spivak Foundation Trustees with prior approval from the member’s Home Local. The application, once submitted to your Home Local, will have information from the member’s file attached, if necessary, prior to being submitted to the Walsh/Di Tolla/Spivak Foundation for consideration.

WHAT IS ELIGIBLE

- Natural Disaster (to include but not limited to fire due to lightning, flood, wind damage, etc.) reimbursement assistance with declaration from the IATSE President’s Office.

WHAT IS NOT

- Accident (to include but not limited to fire, car accident etc.)
- Personal Injury outside of work, that affects members ability to work.
- Medical emergency or death
- Injuries “on the job” (should be covered under Worker’s Comp)
- Rehab
- Expiring unemployment insurance
- COBRA health coverage or IATSE NBF CAPP fund shortfall
- Personal loans for cars, homes etc.
- Legal fees
- Pandemic Related Issues

You will need to legibly complete all applicable sections for your application to be considered.

Receipts must be submitted to be reimbursed. Walsh/Di Tolla/Spivak Foundation can reimburse for up to \$3000.00, but all receipts must be documented. Photos documenting your need are helpful.

INSTRUCTIONS

Please return the attached application form and supporting documentation to your Home Local. They will complete the appropriate portion of the application and forward everything to the Walsh/Di Tolla/Spivak Foundation for review.



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Please make sure to complete legibly ALL sections or your request will not be considered.

APPLICANT INFORMATION

Title of catastrophic event: _____

Name: _____ Date of Request: _____

Address: _____ Last 4 of SSN: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone #: _____ Home Local: _____

PLEASE PROVIDE THE FOLLOWING:

Check the reimbursements you are requesting – Provide Proof.

- Evacuation hotel/expenses
- Home repairs
- Insurance deductible with quotes for repairs
- Other: Please detail _____

How much are you requesting? _____ Is this being covered by insurance? Yes No
(circle one)

In as much detail as possible, please describe the specific circumstances resulting in the damages
(use the back for more):

APPLICANT CERTIFICATION

I, _____, hereby certify and agree to the following:
(please print your name)

- The information provided in this application is true and correct.
- I understand that failure to provide the above information may result in denial of my application.
- I understand I have 10 days from the date of application to submit verifications requested.
- I understand that giving false information can result in loss of privilege to all benefits from IATSE.

Under the penalties of perjury, I swear and affirm that this application, to the best of my knowledge, the facts are true and complete.

(signature of applicant)

(date)

HOME LOCAL USE ONLY

HOME LOCAL APPROVAL

On behalf of the applicant's Home Local (Local _____), I am authorized to approve this request and attest that the appropriate receipts have been attached.

If further information about this application is needed, please contact me.

Signature of Local Officer

date

Printed name of Officer

Phone

email

Date Received by
Home Local

Please return this application along with all supporting documentation to:

Walsh/Di Tolla/Spivak Foundation, 207 West 25th Street, 4th Floor, New York, NY 10001

WALSH/DITOLLA/SPIVAK FOUNDATION USE ONLY

Approval on: _____ Amount: \$ _____ Check # _____