



**SECURITY BENEFIT FUND  
APPLICATION FOR FINANCIAL ASSISTANCE**

- All information on this application must be completed.
- You must use a separate application for each month you are applying.
- Checks will be mailed to the address the Fund Office has on file for you. If you wish to change your address please call the Fund Office for the necessary form.
- The following documentation must accompany this application:
  1. A copy of unemployment, disability or workers' compensation check for any week-ending in the month that you are applying for financial assistance for if one has not yet submitted for the Replacement Wages benefit.
  - AND
  2. A copy of your invoice for mortgage, taxes, rent and/or maintenance fees.
- Please note that monies withdrawn from the plan for this benefit are subject to Federal, state and city taxes.

Book Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_ Home Telephone                      \_\_\_\_\_ Mobile                      \_\_\_\_\_ E-mail

Single  or Married  or Married, but withhold at higher single rate

Number of allowances you are claiming \_\_\_\_\_

Additional amount, if any, you want withheld \$ \_\_\_\_\_

New York City Resident:                      Yes                       or                      No

Type of benefit requested (Check One)

- |   |   |
|---|---|
| <input type="checkbox"/> Mortgage Payment | <input type="checkbox"/> Property Taxes   |
| <input type="checkbox"/> Rent             | <input type="checkbox"/> Maintenance Fees |

Benefit is for month and year of \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## FINANCIAL ASSISTANCE BENEFIT

For any part of a month in which you are unable to work as a steamfitter, the Fund will reimburse you in an amount not to exceed your account balance for your unpaid mortgage, co-op mortgage and maintenance fees, condominium mortgage and maintenance fees, rent or property taxes on your primary residence for that same month.

The Fund will require a copy of an Unemployment, Disability or Workers Compensation check for a week ending in that month in order to reimburse you for that month. For example, if your check is for the period of July 26<sup>th</sup> through August 1<sup>st</sup> (thus, the week ending period check is August 1<sup>st</sup>) reimbursement for financial assistance would be for the month of August even if most of the period was in July. [An Affidavit For Replacement Wages is not acceptable for this benefit.]

If you have exhausted or are ineligible for Unemployment Benefits, the Fund will require a letter from the appropriate state agency verifying your ineligibility for unemployment benefits.

Documentation supporting your financial assistance request such as an unpaid mortgage invoice, co-op fee statement, property tax bill, or rent invoice must be in the member or spouse's name ONLY. A letter from the landlord verifying rent due (for each month you apply for) when there is no written lease in effect is sufficient.