



Florida Police Benevolent Association Heart Fund, Inc.

300 East Brevard St Tallahassee, FL 32301

(850) 222-3329 <https://www.flpba.org/>

ASSISTANCE REQUEST FORM DISASTER RELIEF FUNDS

Members living in any county declared for disaster relief.

(Check One)

Sworn Law Enforcement Officer Corrections/Probation Officer Civilian Employee

Other (Please Specify) _____

Name _____ Rank _____

Employing Agency _____ Badge/ID # _____

Date of PBA Membership _____ SSN _____ DOB _____

Current Residential Mailing Address _____

City, State, Zip Code _____

Cell Phone _____ Email _____

Residence Damage Assessment Number _____ (Please see below to determine assessment number.)

Have you received any other insurance/federal/local assistance: YES NO

By signing below, I affirm under penalty of perjury that this claim is complete and true.

Signature _____ Date _____

PLEASE RETURN YOUR COMPLETED FORM TO THE FLORIDA POLICE BENEVOLENT ASSOCIATION HF, INC.

Your contact is Inga Ingolfsson at disasterfunds@flpba.org 1.800.733.3722 Ext. 402

DISASTER RELIEF FUNDS

We have developed the following scale to determine the extent of damage to your **residence**.

Please rate the damage to your **residence** using the following scale.

Please email proof in the form of photos, insurance claims, etc. with your request form to
disasterfunds@flpba.org

Current and future mailing addresses are very important, and it is imperative that your form is legible. All information should be turned in as soon as possible.

Damage Scale (assessment number)

1. Minor damage – livable; minor shingle loss or debris, no water damage
2. Moderate damage – livable; moderate shingle loss, small trees down, some water damage
3. Major damage – unlivable; roof needs to be replaced, flooding, large trees down, carpet or flooring needs to be replaced
4. Total loss – unlivable, destroyed structure or will have to be demolished
5. Other: _____

Forms may be denied without necessary proof of such damage as described above.