

IBEW Local 332 Members Assistance Fund Questionnaire

Name : Home Number :
Address : Cell Number :
City : State : Zip Code :
Classification: Local Union Card # Dues Paid Thru:

Marital Status

Single Married Divorced Number of children living at home : Email : _____

Please answer all questions

Work Status

Yes No A. Working.
 B. Last date worked (available for rehire).
 Yes No C. On Disability.
 Yes No D. Available for work, name on the out-of-work list in Local 332.
 Yes No E. Available for work, name on another Local's out-of work list.
 F. If yes, to "E", which Local(s)

Affiliation with Local 332

Yes No A. Member of Local 332.
 Yes No B. Working or have worked in this jurisdiction.
 Yes No C. Other

Status of accounts and other income source to immediate family:

Yes No A. Rental Income
 Yes No B. Spouse Income
 Yes No C. Do you have money in a bank account?
Checking \$: Savings \$: Other \$:
 Yes No D. Unemployment Benefits.
 Yes No E. Disability Benefits.

Amount of Assistance Requested :
Your need for this Relief

To insure assistance for other Members, repayment of extended funds is critical.

Signature: Date :