

Town of Palm Beach Retiree/Employee Relief Fund Request Packet

Requestor Information		
First Name	Last Name	
Email Address	Primary Phone Number	Secondary Phone Number
Mailing Address (City, State, Zip Code)		
First Date of Town Employment	Last Date of Town Employment	Last Job Held

By signing this form, I acknowledge that I am a qualifying retiree/employee of the Town of Palm Beach per the conditions of the Retiree/Employee Relief Fund. I certify that the statements and information provided within this packet are true and accurate to the best of my knowledge; I have reviewed all sections of the packet and provided the required supporting documentation for my request.

Signature: _____ Date: _____

Human Resources can assist you with completing this form,
contact them at hr@townofpalmbeach.com or (561) 838-5450

A. Description of Emergency and/or Unforeseeable Situation Leading to the Request

I am requesting the amount of \$_____.

Check the box below to specify the reason for your request and describe your specific emergency below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Eviction | <input type="checkbox"/> Involuntary Lost Wages |
| <input type="checkbox"/> Funeral Expense | <input type="checkbox"/> Unreimbursed Medical Bills | <input type="checkbox"/> Other (see below) |
| <input type="checkbox"/> Property Loss Caused by Disaster | <input type="checkbox"/> Legal Bills (Non-Criminal) | |

Please provide a detailed description of the unforeseeable event, including specific details of the event, such as the date of occurrence, duration, and time frame as applicable. Attach additional pages if needed. Your request must be accompanied by supporting documentation consistent with the details provided and required in subsequent sections:

B. Supporting Documents for Requests

In order to evaluate your request fully you are encouraged to submit documentation as suggested below to substantiate your need.

Foreclosure of Primary Residence

- Most recent real estate tax bill documenting property ownership, or the HUD-1 statement if the property was recently purchased
- Most recent monthly mortgage statement reflecting the amount past due, bank name and account number

Eviction from Primary Residence

- Latest bill/statement or notarized letter from the leasing agency/landlord documenting your current status as lessee
- Court ordered eviction notice bearing court seal stamp and noting the dollar amount needed to prevent eviction from primary residence

Funeral Expenses

- Detailed funeral bill indicating the portion for which you are responsible
- Evidence that the funeral expenses relate to a spouse and /or dependent per program rules.

Involuntary Lost Wages

- Pay stubs for the last three months to demonstrate change in income
- Explanation of lost wages. Provide an explanation of the reason for your lose wages in section A of this packet. This may include a letter from your employer.

Legal Fees (involving non-criminal charges)

- Signed Attorney retainer agreement or bill on the law firm's letter-head, signed and dated by both parties and indicating the reason for the retainer
- Evidence of need for legal assistance (e.g., court documents)
- Evidence that the legal fees related to you, a spouse and/or qualified dependent per program rules.

Unreimbursed Medical Bills

- Explanation of Benefits (EOB) from insurance company
- Unreimbursed bills related to your spouse, qualified dependent per program rules showing the amounts covered and not covered by insurance.
- Letter from physician stating that the repairs or modifications to your primary residence not covered by insurance are medically necessary (if applicable)

Note: Please ensure that any information disclosing your medical description is blocked out.

Property Damage Due to Accident or Natural Disaster (Beyond Insurance Reimbursement)

- Current, detailed repair bill for damages to your primary residence property (Actual bills are needed.)
- Letter from insurance company indicating a reason for no coverage
- If covered by insurance, letter from the insurance company indicating the deductible amount owed for the repairs.

C. Request Financial Worksheet

Complete the worksheet in this section

Net Worth

Assets	Current Value	- Indebtedness	= Net Worth
Home	\$	\$	\$
Other Real Estate	\$	\$	\$
Car/Vehicle	\$	\$	\$
Other Personal Property	\$	\$	\$
Cash (Checking & Savings)	\$	\$	\$
Retirement Savings Plan, Stocks & Bonds	\$	\$	\$
All Other: (i.e. List)	\$	\$	\$
TOTAL	\$	\$	\$

<u>Monthly Income</u>		<u>Monthly Expenses</u>	
Your income	\$	Mortgage or Rent	\$
Spouse income	\$	Utilities (water, phone, etc.)	\$
Other income	\$	Food	\$
TOTAL	\$	Clothing	\$
		Car Payments	\$
		Other Transportation	\$
		Credit Card Minimum Payments (combined total)	\$
		Insurance Premium	\$
		Other (list)	\$
		TOTAL	\$

D. Summary

Please use this section to include any other relevant information within the scope of your request you believe should be considered by the committee during their review of the same.