

IBEW Local 332 Members Assistance Fund Questionnaire

1. Name: _____ Telephone Number: _____

2. Present Address: _____

3. Classification: _____ LU Card No. _____

Please answer all questions

4. Work Status

Yes	No	A. Working
_____		B. Lasted 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 (5)

5. Affiliation with Local 332:

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

6. Status of accounts and other income or income source to immediate family:

Yes	No	A. Rental Income	<u>Marital Status</u>
Yes	No	B. Spouse Income	Single Married Divorced
Yes	No	C. Do you have money in a bank account?	No. of Children _____
Current Dollar amounts:			
		\$ _____	Checking \$ _____ Savings \$ _____ Other
Yes	No	D. Unemployment Benefits	
Yes	No	E. Disability Benefits	

7. Amount of assistance requested: \$ _____

8. Your need for this relief: _____

Date: _____ Signature: _____