Police Officer Assistance Trust 1030 NW 111th Avenue, Suite 232

Miami, FL 33172

Phone: (305) 594-6662 Fax: (786)-336-1017 www.poat.org - email: poatoffice@msn.com



APPLICATION FOR BENEFITS

		OFFICE	RINFORMATI	O N		
Officer Name:	Last Name		First Name			MI
Date of Birth:	Marital Sta	atus:			-	,
Home Address:			City:	Zip Code:		
Phone #:	Cell #:		Email:			
		OFFICE	REMPLOYME	NT		
Agency:	A	.ssignment:		Employment Date:		
Address:			City:	Zip Code	e:	
		SPOUSE	INFORMATION			
Spouse Name:	Last Name		First Name		Date of M	arriage
Employer:		Occupation:		Cell Phone:		
			NTINFORMATIO			
DEPENDENT	NAME	DOB	GENDER	RELATIONS	HIP TO APPLIC	ANT
			. <u> </u>			
			· <u> </u>			
Are you a member	r of the Earned Lea		Y N Have you	applied for benefits?	Y	N
If not a member, e		ve Poor?	n nave you	applied for benefits?	'	IN
Is this an on-the-jo	bb-injury? Y	N	Receiving Worker's	Compensation benefit	ts? Y	N
Do you have disab	oility insurance?	Y N	Is disability leave ap	proved? Y	N	
Membership: PB	BA FC	OP Lodge # _		Other		

PERSONAL FINANCIAL STATEMENT

This statement and any application supporting schedules may be completed jointly by both married and unmarried applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis.

Assets

Total Assets	\$
Other assets (specify)	
Other assets (specify)	
Real estate (market value)	
Retirement Funds (eg. IRAs, 401k)	
Personal property (autos, jewelry, etc.)	
Life insurance (cash surrender value)	
Notes & contracts receivable	
Securities - stocks / bonds / mutual funds	
Certificates of Deposit	
Cash - savings accounts	
Cash - checking accounts	\$

Liabilities

Current Debt (Credit cards, Accounts)	\$
Notes payable (describe below)	
Taxes payable	
Real estate mortgages (describe)	
Other liabilities (specify)	
Other liabilities (specify)	
Total Liabilities	\$

PROVIDE ADDITIONAL INFORMATION ON THE ABOVE

COMBINED MONTHLY INCOME & EXPENSES

Gross Monthly Income	Applicant	Spouse	Total	Combined Monthly Expenses	Total
Base Salary Overtime Off-Duty Bonuses Commissions Dividends/Interest Other TOTAL	\$	\$	\$ 	Rent/Mortgage Food Utilities Educational Insurance Credit Cards/Notes Payable Other TOTAL	\$

PROVIDE ADDITIONAL INFORMATION ON THE ABOVE	

REASON FOR ASSISTANCE REQUEST

The following documents must be attached to the application

Credit Report

Last 3 paystubs

Last 3 checking account statements

Last 3 savings account statements

Last 2 years federal income tax returns

AUTHORIZATION TO RELEASE MEDICAL & FINANCIAL RECORDS

Police Officer Assistance Trust

I hereby authorize any authorized representative of the Police Officer Assistance Trust bearing this release, or copy thereof, to obtain any information in your files pertaining to my medical records, including history, diagnosis, treatment, and prognosis. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Police Officer Assistance Trust. I hereby release you, as the custodian of such records, and any physician, hospital, or other repository related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I hereby authorize any authorized representative of the Police Officer Assistance Trust bearing this release, or copy thereof, to obtain any information in your files pertaining to my financial records, to include all bank records, federal and state income tax returns and records, credit or credit union records, or records of any other financial transactions. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Police Officer Assistance Trust. I hereby release you, as the custodian or repository of financial records, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Home Address:	City:	Zip Code:	
Phone #: Cell #:			
Applicant Signature	Date		
Print Applicant Name			
igned and sworn to (or affirmed) before me on	by		
(name of affiant). He	e/she is personally known to m		
Signature	Print	Name of Acknowledger	
	5	otary Seal Number	79