

Police Officer Assistance Trust

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APPLICATION FOR BENEFITS

OFFICER INFORMATION

Officer Name: _____
Last Name *First Name* *MI*

Date of Birth: _____ Marital Status: _____

Home Address: _____ City: _____ Zip Code: _____

Phone #: _____ Cell #: _____ Email: _____

OFFICER EMPLOYMENT

Agency: _____ Assignment: _____ Employment Date: _____

Address: _____ City: _____ Zip Code: _____

SPOUSE INFORMATION

Spouse Name: _____
Last Name *First Name* *Date of Marriage*

Employer: _____ Occupation: _____ Cell Phone: _____

DEPENDENT INFORMATION

DEPENDENT NAME	DOB	GENDER	RELATIONSHIP TO APPLICANT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a member of the Earned Leave Pool? Y N Have you applied for benefits? Y N

If not a member, explain why

Is this an on-the-job-injury? Y N Receiving Worker's Compensation benefits? Y N

Do you have disability insurance? Y N Is disability leave approved? Y N

Membership: PBA FOP Lodge # _____ Other _____

COMBINED MONTHLY INCOME & EXPENSES

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

Signed and sworn to (or affirmed) before me on _____ by _____

_____ (name of affiant). He/she is personally known to me or has produced
_____ type of identification as identification.

Signature

Print Name of Acknowledger

Notary Seal Number