



Federal Employee Education & Assistance Fund  
**National Association of Retired Federal Employees**  
**Natural Disaster Fund**

8441 W Bowles Ave Suite 200  
Littleton, CO 80123  
1-800-323-4140 fax: 303-933-7587

**When a natural disaster has occurred and been declared a natural disaster, NARFE members may apply for a grant. Grants are subject to funds available and are limited to a maximum of \$500 per family.**

Please print clearly or type

Retiree's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

NARFE Membership #: \_\_\_\_\_ NARFE Chapter #: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Estimated cost of repair/replacement: \_\_\_\_\_

Provide a detailed description of the damage/property loss that has resulted from this natural disaster:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what purpose(s) would a grant be used? Please submit copies of any documentation of expenses or bills for which you are requesting a grant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

(Over)

Do you have insurance which would cover this loss? \_\_\_\_\_

Provide name(s) of your insurance company(ies) \_\_\_\_\_

Have you submitted a claim? \_\_\_\_\_ When? \_\_\_\_\_

If so, has your insurance company(ies) paid the claim? \_\_\_\_\_

In what amount? \_\_\_\_\_ Amount of your deductible: \_\_\_\_\_

List any relief agency to which a claim for damage/repair has been submitted. If you have received assistance from an agency(ies), please give the amount and purpose.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application and attachments to:**

FEEA  
8441 W. Bowles Ave., Suite 200  
Littleton, CO 80123-3245