



BURNED OUT SURVIVORS' FUND

A NON-PROFIT CHARITABLE ORGANIZATION

P.O. BOX 15185 / SAN ANTONIO, TX 78212 / (210) 472-1717 / FAX (210) 785-0543

A Fire Fighter Supported Charity

VEHICLE FIRE APPLICATION FOR ASSISTANCE

TO QUALIFY FOR ASSISTANCE FOR A VEHICLE FIRE, THE VEHICLE MUST BE PRIVATELY OWNED, NOT A COMMERCIAL VEHICLE, AND NOT A RENTAL VEHICLE. TO BE COMPLETED BY THE PRIMARY OWNER OF THE VEHICLE.

NAME OF FIRE AGENCY RESPONDED: _____ CASE #: _____ (if known)

DATE OF APPLICATION: _____ DATE OF FIRE: _____

LOCATION WHERE FIRE OCCURRED: _____

CITY: _____ ZIP: _____

APPLICANT INFORMATION

SSN: xxxx - xx - _____ LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE#: (____)-_____ CELL#: (____)-_____ Email: _____

YEAR/MAKE OF CAR: _____ DO YOU HAVE AUTO INSURANCE: ___YES / ___NO

EMPLOYER: _____ PHONE#: (____)-_____

RELATIVE / FRIEND WE CAN CONTACT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE#: (____)-_____ CELL PHONE#: (____)-_____

HOW DID YOU HEAR ABOUT US: _____

DESCRIBE YOUR FIRE LOSS: _____

WHAT CAUSED THE VEHICLE FIRE: _____

BY ENTERING MY FULL NAME BELOW, I CERTIFY THE ANSWERS I HAVE PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____ (REQUIRED)