



PGA Membership Services
Attn: Disaster Relief Fund Program
100 Avenue of the Champions
Palm Beach Gardens, FL 33418
Phone (800) 474-2776
Fax (561) 624-8550

Professional Golfers' Association of America

DISASTER RELIEF FUND PROGRAM APPLICATION

Name of Applicant _____
(First Name, Middle Initial, Last Name)

PGA Member # _____ E-Mail _____

Home Phone # _____ Work Phone # _____

Date of Loss: _____ Cell Phone # _____

Type of Disaster/Emergency:

Because of the generosity of PGA Professionals, this fund provides relief for documented out of pocket expenses incurred by PGA Members and their families (legal spouse and minor children) in very difficult situations, such as acute, serious illness, accidents, natural disasters and other emergencies. This program was implemented in July 2000, therefore, no pre-existing conditions, prior to July 2000 will be allowed for consideration.

The Board of Control distributes the funds as needed on a quarterly basis. The maximum lifetime grant to an individual is \$7,000. The grant can be in a lump sum or periodic payments as determined by the Board of Control.


IMPORTANT:

When filling out the application and worksheet, receipts/expenses for all out of pocket expenses for losses, damages, repairs, or other costs not covered by insurance, other relief programs or other means **must be provided along with this application and worksheet**. In order to be eligible to receive the maximum lifetime grant of \$7,000, the total of all receipts not covered by insurance or other means must total at least \$7,000. Eligibility Requirements: PGA Member, Legal Spouse or Dependent Child (No Members Terminated from the Membership rolls).


To apply please submit the following:

(Click on highlighted/underlined text below to obtain forms)

1. [PGA Disaster Relief Fund Program Application](#)

The above link will bring up the application, then choose this button on the top right  to download, save to your desktop.

2. [PGA Disaster Relief Expense Worksheet](#)

The above link will bring up Dropbox, choose this button on the top right  and then select Direct Download, file will appear as an XLSX at the bottom left of your computer, click on this file and save it to your desktop.

Once steps #1 and #2 are done you can begin filling out the forms, don't forget to save once completed.

3. [ACH – Authorization Agreement for Pre-Arranged Payments](#) (option for direct deposit is PGA of America's preferred method of payment). However, if you do not choose this option a live check will be sent instead (could take up to ten business days).

The above ACH, click Get Started once completed, hit DONE on the top right and the form automatically sends to the PGA Finance Department for ACH set up.

Additional documentation to be provided if damages happen to.....

Dwelling

- ✓ Documentation indicating that you are the legal owner of the home (dwelling).
- ✓ Documentation indicating that you are the legal owner of the facility.
- ✓ Verification that the impacted dwelling is the primary residence of the applying individual for no less than four (4) months per year. The BOC may approve an application for a dwelling that does not meet the four (4) month standard for primary residence if (1) the BOC believes the impact of the disaster to be a significant and material impact on the individual and (2) the dwelling is not primarily used as an income source for the applying individual.
- ✓ Declaration page of Home Owners policy showing exceptions/exclusions.
- ✓ If insurance claim will need summary of benefits showing how much the insurance is paying.
- ✓ If insurance denies claim will need a copy of this correspondence.
- ✓ If FEMA claim will need summary of benefits showing how much FEMA is paying
- ✓ If FEMA denies claim will need a copy of this correspondence
- ✓ Include out of pocket receipts/expenses for food, clothing, shelter or transportation needs, if displaced by natural disaster.
- ✓ Pictures if possible of before and after damages

Medical (Acute, Disabled, Emergency, Serious and Life-Threatening Illness)

- ✓ Documentation from physician with diagnosis and dates of occurrences (can be 1 or 2 pages from physician on his/her letterhead to include current medical status going forward).
- ✓ Include out of pocket receipts/expenses for medical needs.

I certify that all the information I have given is true and correct to the best of my knowledge. I have not filed additional applications with the PGA Disaster Relief Fund for aid to cover the same loss. I will return any disaster aid money I receive from the PGA Disaster Relief Fund if I receive insurance or money from other organizations such as the Federal Emergency Management Agency for the same loss. I understand that if I intentionally make false statements or conceal information in an attempt to obtain funds that I may be prosecuted for PGA of America Code of Ethics violations. I authorize and direct all custodians of records of my insurance companies, employer, any public or private agency, bank, financial institution or credit data service to release information to the PGA Disaster Relief Fund upon request. If I have insurance that will cover disaster-related expenses, then any money that I receive from the PGA Disaster Relief Fund will be considered an advance.

Signature

Date: _____

Print Name

Exclusions – Include, but are not limited to:

- Disaster Relief is not intended to be used as disability or unemployment insurance and does not cover loss of income or revenue. Disaster Relief does not cover funeral expenses or over the counter or maintenance drugs. Accidents caused by the Member being under the influence of alcohol, marijuana in states where legal, or illegal substances, will disqualify an individual from receiving Disaster Relief. Those who receive grants should contact their tax advisor to discuss treatment of these funds.

The Board of Control reserves the right to determine the eligibility for reimbursement of the documented out of pocket expenses of the Disaster Relief request.