

VTA Solidarity Fund
held at Working Partnerships USA

Claim Form for Deceased Victims by Assailant

Deadline for Applications: September 7, 2021

*If you need assistance in completing this form,
please email solidarityfund@wpusa.org or call (408) 809-2120*

1. Victim & Applicant Information

First & Last Name of Victim: _____

First & Last Name of Applicant: _____

Previous applications (*check one*):

I have previously completed an 'Immediate Disbursal' claim form and the information in Section 1 below has not changed – *if so, skip to Section 2.*

I have not previously completed an 'Immediate Disbursal' claim form, or my information has changed – *if so, complete the remainder of Section 1.*

Applicant's relationship to Victim (*check one*):

Spouse

Parent/Custodial Guardian

Adult Child

Legally Authorized Personal Representative

Other (*please describe*): _____

Applicant's SSN/TIN: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternative Phone: _____

Email (**required - for fund distribution**): _____

Please return this form and all supporting documentation to solidarityfund@vta.org.

Claim must be received on or before September 7, 2021

2. Attorney or Other Representation *(if applicable)*

Name: _____ Firm: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternative Phone: _____

Email: _____

3. Supporting Documentation *(please check)*

I have attached the following required documentation:

- Proof of Relationship to Victim:
 - Birth Certificate
 - Marriage License
 - Documentation of Status as Legal Representative of the Estate
 - Other *(please describe)*: _____

- Proof of Legal Representation *(if applicable)*
(If represented by an attorney, please provide a Retention Agreement signed by both the attorney and the claimant.)

- Other *(please describe)*: _____

4. Financial Hardship

Average monthly household expenses before the loss of your family member: _____

Average monthly household income before the loss of your family member: _____

Average monthly household expenses after the loss of your family member: _____

Average monthly household income after the loss of your family member: _____

Please describe any additional financial hardship considerations:

5. Signature

If the deceased was married at the time of death, the spouse must also sign this claim form. If the victim was not married, the Personal Representative legally administering the estate must also sign this claim form.

Claimant Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. I understand and agree that funds I receive as a result of this claim form are solely for the benefit of the family of the victim named above. I confirm that the VTA tragedy has resulted in financial difficulties for the family of the victim named above in meeting its basic needs. Basic needs include but are not limited to medical expenses, funeral expenses, rent, food, car payments, school tuition, utilities, and similar expenses related to the necessities of life.

I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Deceased: _____

Spouse Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. I understand and agree that funds I receive as a result of this claim form are solely for the benefit of the family of the victim named above. I confirm that the VTA tragedy has resulted in financial difficulties for the family of the victim named above in meeting its basic needs. Basic needs include but are not limited to medical expenses, funeral expenses, rent, food, car payments, school tuition, utilities, and similar expenses related to the necessities of life.

I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Deceased: _____

See next page for Personal Representative Signature

Personal Representative Signature

I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. I understand and agree that funds disbursed as a result of this claim form are solely for the benefit of the family of the victim named above. I confirm that the VTA tragedy has resulted in financial difficulties for the family of the victim named above in meeting its basic needs. Basic needs include but are not limited to medical expenses, funeral expenses, rent, food, car payments, school tuition, utilities, and similar expenses related to the necessities of life.

I understand that false statements made in connection with this claim will be forwarded to the appropriate law enforcement agencies for possible investigation.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Deceased: _____