

**VTA Solidarity Fund**  
held at Working Partnerships USA

**Claim Form for Physical Presence inside Building A or B  
with Hardship**

Deadline for Applications: October 29, 2021

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

**1. Victim Information**

First & Last Name of Victim: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email (**required - for fund distribution**): \_\_\_\_\_

I was present inside the Younger Avenue VTA Facility, Building A or Building B during the  
attack on May 26, 2021:      Yes              No

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

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email : \_\_\_\_\_

**Please return this form and all supporting documentation to [solidarityfund@vta.org](mailto:solidarityfund@vta.org). Claim  
must be received on or before October 29, 2021**

**3. Supporting Documentation** *(please check)*

I have attached the following required documentation:

- 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**

Please describe any financial hardship considerations incurred as a result of the May 26 shooting:

**5. Signature**

**Claimant Signature**

**I hereby certify that the information provided in this claim form is true and accurate to the best of my knowledge. I confirm that the VTA tragedy has resulted in financial difficulties in meeting my basic needs. Basic needs include but are not limited to medical 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: \_\_\_\_\_