



Southeastern Massachusetts **Motorcyclists' Survivors Fund**, Inc.

P. O. Box 516, Amesbury, MA 01913

## AFFIDAVIT IN SUPPORT OF REQUEST FOR FINANCIAL ASSISTANCE

### *Introduction*

The SEMMSF, Inc. is an All-Volunteer 501(c)(3) Non-Profit Organization that helps raise funds through events, raffles, and donations. The Funds help those directly involved in a motorcycle accident. These monies are used for the families of an injured or fallen rider to help offset the costs associated with the motorcycle accident, or the death of the motorcyclist. The funds are also used for promoting motorcycle safety, awareness, and for educational purposes to help promote motorcycle safety.

The Applicant in need must fill out this Affidavit for Assistance and submit it to the **Motorcyclists Survivors Fund** (SEMMSF, Inc.) along with a copy of the **Police Report** for review. Once received, the Board of Directors will evaluate the application, and set up a time to meet with the applicant and/or their representative. All applicants must allow a face to face meeting with two or more Board of Directors in order to have the SEMMSF consider the application for funding.

At the time of the initial meeting, a liaison and other Board Members will sit down with the applicant and go over the information submitted. Sometimes, there are suggestions, advice or direction that the visiting Board of Directors members may offer/suggest to the applicant to make sure they have exhausted all of their options. Once this is completed, the visiting Board of Directors will then present the application and gathered information to all the members of the board of directors for review in a closed meeting. At that time, the Board of Directors will discuss the application and vote on the acceptance of the application, the type and amount of funding if applicable.

**Note: No monies are given to the applicant directly** - all funds are disseminated by the **Motorcyclists Survivors Fund** (SEMMSF, Inc.) Treasurer directly to the approved household bills payee. **Applicants have one calendar year from the date of accident to apply for funds or assistance, and then if approved, the Applicant has 6 months to use any funds or assistance that have been approved.**

If you would like to apply for assistance, please complete the following application and mail it **with a copy of the Police Report** to: **SEMMSF, Inc P. O. Box 516, Amesbury, MA 01913**

You can also submit this form to one of our Board of Directors members. Please do not hesitate to contact one of our Board of Directors members for assistance in completing this application if needed.

After submission and Board of Directors review, an appointed liaison (current Board Member) will contact you to schedule a meeting at your convenience. The meeting will consist of the applicant and his/her family, and two to three SEMMSF Board of Directors.



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All information contained herein is confidential. It will be used to determine benefits, if any, by the SEMMSF Board of Directors. No information will be disclosed for any other purpose, or to any other entity, unless express written consent is provided by the Applicant.

Now comes \_\_\_\_\_ of \_\_\_\_\_  
(Print Name of Applicant) (Address)  
\_\_\_\_\_  
(City) (State) (Zip) (Phone) (Email)

On Behalf of injured motorcyclists, \_\_\_\_\_, and hereby swears (or affirm) as follows:

1. Applicant is seeking financial support as a result of a serious injury or death of a Motorcyclist who resided in the covered counties (Norfolk, Plymouth and Bristol) of **Motorcyclists Survivors Fund** (SEMMSF, Inc.).

The date of his/her injury was: \_\_\_\_\_

2. The extent of the Motorcyclists' injury(s): \_\_\_\_\_

3. Was there anyone cited and if so, who: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Please describe the accident: \_\_\_\_\_

**\*Please include a copy of the Police Report when submitting this application.**

The SEMMSF also requires a copy of the Motorcycle Insurance Policy and Operator's License.

(\*This is a MANDATORY to be considered for funds)



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5. In support of this affidavit, the applicant submits the following information:

a. Relationship to injured motorcyclists \_\_\_\_\_

b. Name and ages of dependent children of injured motorcyclists:

Name	Age

c. Current **NET** monthly income of individual/family in need and sources **AT TIME OF APPLICATION**:

	Applicant	Spouse/Partner	Other
Income			
Retirement			
Military Benefits			
Child Support			
Other Income			

6. State amount sought from the SEMMSF, Inc. \_\_\_\_\_

7. Please list monthly expenses of Rider or Rider's family in need **AT TIME OF APPLICATION**:

Rent/Mortgage	
Groceries	
Car Payment	
Car Insurance	
Health Insurance	
Utilities	
Total Monthly Household Expenses	

8. Vehicles Owned - All Cars, Trucks, Motorcycles included:

Year	Make	Model	Balance Owed



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9. Do you have **SHORT TERM DISABILITY** Insurance Coverage? \_\_\_\_\_

If YES, what is the **START DATE** of your coverage and **LENGTH** of coverage? \_\_\_\_\_

10. Do you have access to **LONG TERM DISABILITY** Insurance Coverage? \_\_\_\_\_

If YES, what is the **START DATE** of your coverage and **LENGTH** of coverage? \_\_\_\_\_

10. Do you currently hold and have access to any **401-K, RETIREMENT ACCOUNTS**, or other **INVESTMENT ACCOUNTS**?

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

**Statement of Applicant:** I hereby certify the information contained in this affidavit is true and correct, and is submitted voluntarily for the purpose of applying for temporary financial assistance on behalf of an eligible motorcyclists' family, due to the serious injury or death. I understand the review of the Motorcyclists Survivors Fund (SEMMSF, Inc.) Board of Directors is confidential, and their decision is final.

\_\_\_\_\_  
Signature of Applicant or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Applicant or Representative

Submitted through: \_\_\_\_\_

*Note: Board Members meet on an "as-needed" basis to consider all applications for assistance. All information contained herein is confidential. It will be used to determine benefits, if any, by the SEMMSF Board of Directors. No information will be disclosed for any other purpose, or to any other entity, unless express written consent is provided by the Applicant.*

The Affidavit and \*Police Report should be submitted to the SEMMSF Board of Directors via U.S. Mail to the address above, by email, or hand delivered to a Board of Directors Member.