

DOCUMENTARY REQUIREMENTS FOR CALAMITY ASSISTANCE (REGIONAL OFFICES)

- CERTIFICATION ISSUED BY THE BARANGAY CAPTAIN/CHAIRMAN THAT THE MEMBER IS VICTIM OF THE CALAMITY (ONLY THE BARANGAY CAPTAIN/ CHAIRMAN CAN ISSUE THE CERTIFICATION)

- PHOTOCOPY SHOWING DAMAGE TO THE PROPERTY OWNED BY THE MEMBER (NAME/LOCATION) (WITNESSED BY THE BJMPMBAI IN-CHARGE AND CERTIFIED BY THE RESJO)

- INITIAL ASSESSMENT REPORT OF THE BJMP REGIONAL DIRECTOR OR ANY OF HIS AUTHORIZED REPRESENTATIVES STATING THE DEGREE OF DAMAGE FOR THE HOUSE OR PROPERTY OF THE MEMBER

- COMPLETELY FILLED-UP CLAIMS APPLICATION FORM

- PHOTOCOPY OF ATM/BJMP ID



Bureau of Jail Management and Penology Mutual Benefit Association (BJMPMBAI), Incorporated

Bureau of Jail Management and Penology National Headquarters
144 Mindanao Avenue, Project 8, Quezon City Tel. 02-926-6963 / 02-542-6671

FINANCIAL RELIEF APPLICATION FORM

Application No. _____

Date Received: _____

I, _____, a member of the Bureau of Jail Management and Penology Mutual Benefit Association, Incorporated (BJMPMBAI), resident of Barangay _____, Municipality of _____, City/Province of _____, and assigned at _____ (name of jail/office), located at Barangay _____, Municipality of _____, City/Province of _____, Region _____, respectfully request for financial relief from the Association after the local/national government declared our place as calamity area.

I am making this request after _____, (state the calamitous event) damaged my properties: (Describe and list down the damaged properties owned by the member below:

Further, I attest to the truthfulness of all matters indicated in this application form and I am aware that any misrepresentation made by me shall cause the filing of administrative/criminal action/s against me.

(Signature of Applicant over Printed Name)

Contact Number: _____