Bureau of Jail Management and Penology
Mutual Benefit Association, Incorporated
BJMPMBAI Corporate Office, Sitio Balud, Congressional Ave. Ext., Brgy. Culiat, Quezon City
Tel No. (02) 8542-6671 / Email. bjmpmbai@yahoo.com.ph / Website. www.bjmpmbai.com

DOCUMENTARY REQUIREMENTS FOR CALAMITY ASSISTANCE (REGIONAL OFFICES)

1. **Completed Financial Relief Application Form**

   This form should be filled out in its entirety.

   www.bjmpmbai.com/forms ► Financial Relief Application For

2. **Government Resolution/Declaration**

   Copy of government resolution or declaration state of calamity covering the area where the claimant resides.

3. **Resolution/Certification**

   Resolution or certification from the BJMP Regional Directors particularly identifying BJMPMBAI members.

4. **Valid Identification and Disbursement Account**

   A photocopy of the applicant's BJMP ID and ATM.

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 _____ , Municpality 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: _____