

What is the Sister Season Fund ?

The SISTER SEASON FUND is an effort by devoted Key West people to help the locals employed in Tourist related industries, when a temporary financial emergency occurs from an accident or illness, through no fault of their own.

We believe that these individuals represent the infrastructure of the Tourism Industry and quite frankly we don't want to lose them because they can't afford to remain here while recovering . Typically, these hard working individuals have very little reserves, no insurance, and no employee benefits.

When qualified local employees need help in keeping a roof over their heads and maintain their utilities, Sister Season Fund is there to pitch in.

How can I help?

1. Become an Annual Sponsor
2. Designate Sister Season Fund on Amazon Smile.com
3. Make a Donation at www.sisterseason.com
4. Make a silent auction donation
5. Host an Event
6. Volunteer
7. Chair a Committee
8. Serve on the Board of Directors

WWW.sisterseason.com
[FB Sister Season Inc](#)

How do I apply ?

Request must be in written form to the Board of Directors and accompanied with all the documents required on the inside of this brochure.

If request is approved, a check will be mailed directly to the Landlord or service provider . No checks will be issued to an applicant.

Time frame for payment may vary depending on when a fully documented application has been received and vetted. The Board will then review the application to make a determination.

Who makes up Sister Season Fund ?

The Board of Directors consist of local community leaders who have volunteered their time and devotion to this project. There are no paid employees and all our Funding comes through local events held throughout the year.

Our hope is that you may be willing to join our efforts by volunteering or donating back to our cause. For more information about our officers and Board Members and how you can help, please visit www.sisterseason.com or FB Sister Season Inc



Key West, Florida

Providing rental and utility assistance for those in the Tourist Related Industries

HURRICANE IRMA has presented our community with many challenges. Unlike FEMA and other Disaster Relief organizations, Sister Season Fund has limited access to funds. But we stand ready to help as many as we can with rental and utility assistance. Stay strong and positive while we all try to rebuild our lives and our Community!

QUALIFICATIONS

1. Verifiable employment in a tourist related industry in Key West zip code
2. Proof of address (lease, ID, utility bill, etc..)
3. Registration # of FEMA claim – www.disasterassistance.gov
4. Registration confirmation of Disaster Unemployment Assistance (DUA) – www.floridajobs.org
5. Return to work date

SISTER SEASON FUND INC
P.O.BOX 4535
KEY WEST , FLORIDA 33040

501 (c)(3) non-profit organization.
Federal ID # 20-3179971



A Florida NOT FOR PROFIT CORPORATION 501(c) (3)
P.O. Box 4535 Key West, Fl. 33041 305-304-9828—305 849-0991
www.sistersean.com FB Sister Season Fund Inc

Assistance Application

Must submit the following with application :

Copies of lease, utility bills, 3 months most recent bank statements, Hospital paperwork, (with admittance & discharge dates), Doctors out of work note, Police report, if applicable.

We only assist with rent/utilities

Name _____ Email _____ Date _____

Address _____ Phone _____
List, rent / utility amounts _____

Landlord name _____ Phone # _____

Address where check is mailed _____

Total Rent _____ How many people live at this location _____

Your Share _____ Your share of utilities _____

Landlord's SS# will be required by SSF should assistance be granted. We are required to report all payments to the IRS. Please call your Landlord to update them about your situation and to let them know we will be calling them.

Employer _____ Supervisor _____

Describe the reason you are needing assistance (attach additional pages if needed)

What other agencies have you contacted ?

I, the undersigned applicant, attest that the above information contained herein to be true and factual. I give SISTER SEASON FUND RELEASE AND MY PERMISSION TO CONTACT ALL OF THE ABOVE TO MAKE INQUIRIES REGARDING. I HAVE INFORMED ALL OF THE ABOVE THAT SSF MAY BE IN CONTACT AND TO RELEASE ALL INFORMATION NEEDED. THIS INCLUDES ITEMS COVERED UNDER THE HIPPA ACT.

Signature _____ Date _____