Thank you for contacting Wings Foundation. The following application has a check-list to guide you.

"The mission of Wings Foundation is to provide financial grants to American Airlines flight attendants who are in critical need of financial assistance due to illness, injury, or disability; or who sustain damage to their primary residence by a natural disaster or catastrophic event."

Wings endeavors to assist AA mainline flight attendants on the APFA system seniority list who are out of sick time or who is a caregiver for a registered ill dependent with basic living expenses. Wings provides a "bridge" to help cover crucial monthly expenses, including mortgage or rent, utilities, a phone and auto, as well as medical insurance. While we are not always able to cover all monthly expenses, we are able to provide guidance and direction in areas where some expenses might be reviewed to be reduced or eliminated.

Please keep in mind that Wings is not an insurance or disability policy.

To be considered for financial assistance, an American Airlines mainline flight attendant facing an illness, injury, or disability that causes a critical need for financial assistance must meet these requirements:

- Active on the American Airlines APFA System Seniority List
- Five (5) hours or less of Sick Time available
- Presently on the sick/absence list or projected to be removed from service a minimum of forty-five (45) days with medical documentation
- Have less than two (2) months of usable income in checking and/or savings to cover household expenses (Excludes retirement funds)
- Provide a completed Wings application for financial assistance along with supporting documentation outlined in the application checklist

Wings exists through the generosity of your fellow flight attendants and volunteer committee members.

All information is confidential.

For an application to be accepted for consideration, it must be complete and include ALL required documents. All information must be legible. Once the application has be received, a Wings case work volunteer will contact you. Any missing documentation will delay the process.
You may utilize the link to our on-line application which may be found on our homepage:

www.wingsfoundation.com

Or download a printable copy
Once the application is completed, signed and all required documentation is complied, you can mail to our address:

Wings Foundation, Inc.
PO BOX 610563
DFW Airport, TX 75261-0563

Wings Foundation Inc.

APPLICATION FOR FLIGHT ATTENDANT HEALTH RELIEF

Please Print Clearly:

Today's Date: _____

NAME:_____

ADDRESS:_____

CITY:_____ STATE:____ ZIP: _____

PHONE: HOME: _____

CELL: _____

FAX: _____

Mailing Address: (if different from above)

ADDRESS:_____

CITY:_____ STATE:____ ZIP: _____

EMAIL ADDRESS:

_____

AA Six (6) digit Employee # _____

Current Base _____

Previous Base(s) _____

Date Of Hire _____

Current Work Status (check one)

☐ Unpaid Sick ☐ Extended Leave of Absence

☐ Family Leave

☐ Injury On Duty ☐ Furlough

☐ Other

Last Day Worked: _____

Est. Return Date‡: _____

Sick hours Available*‡: _____

Unpaid Sick Start Date*‡: _____

**Do not fill out if on Extended Leave of Absence*
‡Do not fill out if Furloughed

DEPENDENTS: (use back side if necessary)

NAME	AGE	RELATIONSHIP

CURRENT LIVING SITUATION/ STATUS: (CHECK ONE)

☐ Single ☐ Married

☐ Separated ☐ Roommate

☐ Divorced ☐ Living Alone

HAVE YOU APPLIED FOR: (CHECK ALL THAT APPLY)

☐ Short Term Disability Date applied: _____

☐ Long Term Disability Date applied: _____

☐ State Disability Date applied: _____

☐ Social Security Date applied: _____

☐ Unemployment Date applied: _____

EMERGENCY CONTACT:

NAME:_____

ADDRESS: _____

_____

PHONE: ( )_____

RELATIONSHIP: _____

If Injury On Duty:

Date of injury: _____

Claim Pending? ☐YES ☐ NO

If applied for Unemployment, please provide the current status:

_____

_____

Brief Description of illness / injury / disability: *(use backside of page if necessary)*

_____

_____

_____

_____

_____

Applicants Name:_____ Employee No: _____
Please Print Clearly

Monthly Household Income

Average Monthly Salary	$ _____
Spouse / Partner Salary	$ _____
Roommate(s) Contribution	$ _____
Social Security Disability	$ _____
State Disability	$ _____
Short/Long Term Disability	$ _____
Workman's Compensation	$ _____
Alimony	$ _____
Unemployment	$ _____
Child Support Income	$ _____
Long Term Care Income	$ _____
Supplemental Income	$ _____
Pensions	$ _____
Investment Property Income	$ _____
Fund Me Accounts (ANY TYPE)	$ _____
AFLAC Disability	$ _____
Total:	$ _____

Assets

Savings Balance	$ _____
Checking Balance	$ _____
Credit Union	$ _____
Certificate of Deposit (C.D.'s)	$ _____
Stock_____	$ _____
_____	$ _____
_____	$ _____
Other Assets_____	$ _____
_____	$ _____
_____	$ _____

Monthly Household Expenses

Primary Mortgage /	$ _____
Rent HOA	$ _____

Home Utilities

• Heat/AC (Electric)	$ _____
• Water / Sewer	$ _____
• Gas / Oil	$ _____
• Phone (Land ***OR*** Cell)	$ _____
Auto Payment	$ _____
Automobile Gas/Public Trans	$ _____
Food	$ _____

Other Expenses

• Child Support	$ _____
• Child Care	$ _____
• Medical Expenses	$ _____
• Medical Out of Pocket Prescriptions	$ _____

Medical Insurance

• Health – Primary	$ _____
• Health – Secondary	$ _____
• COBRA	$ _____
• Vision	$ _____
• Dental	$ _____
• Short Term Disability	$ _____
• Long Term Disability	$ _____
• AFLAC Disability	$ _____
• Life Insurance	$ _____

Other Insurance

• Home Insurance	$ _____
• Rental Insurance	$ _____
• Car Insurance	$ _____

Have you applied for other assistance? (Ex: American Family Fund, American Cancer Society, Red Cross, SNAP/Food Stamp Program)

•• Yes •• No If yes, name and results: _____

_____

Have you previously applied to the Wings Foundation for assistance?

•• Yes •• No If yes, date(s) and base(s): _____

_____

Applicants Name:_____Employee No: _____
Please Print Clearly

Collection and use of Personal Information

Your privacy is important. Furnishing us this information is voluntary. The information you provide will be used to determine if you qualify for assistance. Failing to provide us with all or part of the requested information may prevent us from making a timely decision on your assistance. Personal information will be kept confidential. However, your information may be disclosed as required by law or with your permission.

Conduct

Please be advised that any conduct of a threatening or harassing nature, whether verbal, written or physical, will not be tolerated. Such conduct directed towards the Wings Foundation or a representative of the Wings Foundation will result in immediate and permanent termination of assistance. Any such reported conduct may be referred to American Airlines Security Department or outside law enforcement for further action.

Gift

Financial assistance received from Wings Foundation, Inc. is a gift made possible by the generosity of your fellow flight attendants and does not have to be repaid. Wings Foundation, Inc., however, is grateful for any donation received from an applicant who has been awarded a settlement due to litigation.

Responsibility to update information

It is responsibility of the applicant to keep Wings informed of any changes to your health, work or financial situation. If approved, you will be asked to make contact with your assigned caseworker at least monthly.

"As a reminder, financial assistance received from Wings Foundation, Inc. is a gift made possible primarily by the generosity of your fellow American Airlines Flight Attendants and is intended to pay for medical insurance and allowable living expenses. Any misuse of these funds may result in the suspension or termination of assistance."

Certification

I, the undersigned, certify that I have read and understand all the information contained in this application and that all the statements and representations made by me in this application and any accompanying forms are true and correct.

_____ _____

Applicant's Signature Date

_____

Print Applicants Name

FLIGHT ATTENDANT REQUESTING ASSISTANCE CHECKLIST

This checklist is provided to assist you in filling out your application.

Applicant must supply documentation which covers mortgage, rent, auto and loan payments, insurance, payroll etc.. This may be through bank statements or actual billing.

1. _____ Completed, Signed Application

2. _____ Copies of the Last Three (3) Months of the following Payroll Documents:
   - Last three (3) Months of Payroll Statements (from **Applicant and Spouse**)
   - Checks Issued History (Full Page - All checks issued to Flight Attendant. Do not provide if Furloughed.)

3. _____ Physician's Letter (*Physician's Letter must be on the physician's letterhead and must include the following: Date, Your Name, Diagnosis, Start Date when you were unable to work in the capacity of a Flight Attendant, Date when you will return to work as a Flight Attendant, Date of re-evaluation, Physician's Signature.*)

4. _____ Copy of page one (1) and two (2) of your previous year 1040 Federal Tax return - Social Security Number redacted

5. _____ Copies of your last three (3) checking and savings statements (front and back of all copies).

6. _____ Medical Out-of-Pocket expenses (proof of payments)

7. _____ Copies of your last three (3) months from the following: Disability, AFLAC Disability, Unemployment Benefits Paychecks, Furlough Paychecks Workman's Comp, Pensions, Additional Employment Paychecks, and/or Annuity Payments

8. _____ A copy of your last monthly schedule/line block (HI-1).

9. _____ A copy of the most recent, Long Term/Short Term Disability and/or Social Security Disability Statement.

10. _____ Copies of loan statements (ie: Auto Loans, Credit Union Loans, Mortgage information/Rental Agreement.)

11. _____ Copy of your HISK and HISK/L

12. _____ Copy of HI-10 (Only if you are on an Extended Leave of Absence.)

*?bbggml_jgdmpk_rgml k_w`c pcoscqrcb`wUgeqDmslb_rgml*Ga,*

Wings Foundation, Inc., reserves the right to verify your documents by contacting the originator(s) of your documents. (ie: physician's letter, leases, rental agreements, etc.)
No other personal information will be required from medical provider during the verification.