

# 2024 APPLICATION FOR ASSISTANCE WOOD RIVER MINISTERIAL ASSOCIATION DISASTER RELIEF

*Information must be filled out accurately and completely in order to be considered for assistance.  
Please provide any documentation and/or receipts to support your request. Thank you!*

| CLIENT INFORMATION                                       |   |                                      |  |  |   |
|--|---|--------------------------------------|--|--|---|
| NAME OF DISASTER: 2024 HOME EXPLOSION                    |   |                                      |  |  |   |
| TOTAL # IN HOUSEHOLD                                     |   |                                      |  | APPLICANT #:<br><small>(OFFICE USE ONLY)</small> |   |
| LAST NAME, HEAD OF HOUSEHOLD                             |   | FIRST NAME, HEAD OF HOUSEHOLD        |  | EMAIL  |   |
|  |   |                                      |  |  |   |
| BIRTHDATE  | LAST 4 DIGITS OF SSN                    |                                      | SEX  | CELL PHONE #                                     |   |
|  |   |                                      | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE   |  |   |
| LAST NAME, SPOUSE/SIGNIFICANT OTHER                      |   | FIRST NAME, SPOUSE/SIGNIFICANT OTHER |  | EMAIL  |   |
|  |   |                                      |  |  |   |
| BIRTHDATE  | LAST 4 DIGITS OF SSN                    |                                      | SEX  | CELL PHONE #                                     |   |
|  |   |                                      | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE   |  |   |
| PRE-DISASTER ADDRESS (APT. #, CITY, STATE, ZIP CODE)     |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
| POST-DISASTER ADDRESS (APT. #, CITY, STATE, ZIP CODE)    |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
| OTHER MEMBERS IN HOUSEHOLD                               |   |                                      |  |  |   |
| NAME   | RELATIONSHIP                            | SEX                                  | BIRTHDATE  |  |   |
|  |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
|  |   |                                      |  |  |   |
| ARE ANY MEMBERS OF THE FAMILY A U.S. VETERAN?            |   |                                      | ARE YOU RECEIVING VETERAN SERVICES?  |  |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |   |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DOESN'T KNOW <input type="checkbox"/> NOT COLLECTED |  |   |
| IMMEDIATE NEEDS (CHECK ALL THAT APPLY)                   |   |                                      |  |  |   |
| <input type="checkbox"/> FOOD                            | <input type="checkbox"/> EMPLOYMENT     | <input type="checkbox"/> MEDICAL/RX  | <input type="checkbox"/> CLOTHING  | <input type="checkbox"/> HOUSING                 | <input type="checkbox"/> DEBRIS REMOVAL |
| <input type="checkbox"/> RENT/UTILITIES                  | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> COUNSELING  | <input type="checkbox"/> REFERRALS   | <input type="checkbox"/> OTHER: _____            |   |

**Please complete page 2**

## HOUSING DEMOGRAPHICS

| TYPE OF DWELLING         |             | OWNERSHIP                |                  | HOUSING DAMAGE           |           | ESTIMATED HOUSING NEEDS  |         |                          |           |
|--------------------------|-------------|--------------------------|------------------|--------------------------|-----------|--------------------------|---------|--------------------------|-----------|
| <input type="checkbox"/> | SINGLE      | <input type="checkbox"/> | OWN              | <input type="checkbox"/> | DESTROYED | <input type="checkbox"/> | NONE    | <input type="checkbox"/> | PERMANENT |
| <input type="checkbox"/> | MOBILE HOME | <input type="checkbox"/> | RENT FURNISHED   | <input type="checkbox"/> | MAJOR     | <input type="checkbox"/> | UNKNOWN | <input type="checkbox"/> | TEMPORARY |
| <input type="checkbox"/> | APARTMENT   | <input type="checkbox"/> | RENT UNFURNISHED | <input type="checkbox"/> | MINOR     | <input type="checkbox"/> |         | <input type="checkbox"/> | NONE      |

IS BASEMENT CONSIDERED A LIVING SPACE? (BEDROOMS, BATHROOMS, FURNISHED, ETC.)  YES  NO

APPROXIMATE COST FOR NEED – ATTACH COPY OF HOMEOWNERS OR RENTERS INSURANCE POLICY SHOWING CURRENT COVERAGE AND DEDUCTIBLE. IF UNINSURED, EXPLAIN WHY. *(IF AMOUNT REQUESTED IS OVER \$1000, THE FRONT TWO PAGES OF YOUR 2023 FORM1040 TAX RETURN IS REQUIRED. ATTACH COPY OF MORTGAGE BALANCE IF ANY)*

| PROPERTY INSURANCE?                                      | TYPE?  | STATUS OF INSURANCE CLAIM                        |  |
|--|--|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> HOME <input type="checkbox"/> RENTERS | <input type="checkbox"/> EXPECT PAYMENT \$ _____ | <input type="checkbox"/> DENIED <input type="checkbox"/> PENDING |
| INSURANCE COMPANY  | INSURANCE COMPANY PHONE #                                      | CLAIM #  |  |
|  |  |  |  |

### SUMMARY OF THE REQUESTED NEED

### LIST DOCUMENTATION OR RECEIPTS ATTACHED

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING: I AUTHORIZE THE PARTNER AGENCIES AND THEIR REPRESENTATIVES TO SHARE BASIC INFORMATION REGARDING MY FAMILY MEMBERS LISTED BELOW AND/OR ME. I UNDERSTAND THAT THIS INFORMATION IS FOR THE PURPOSE OF ASSESING MY/OUR NEEDS FOR HOUSING, UTILITY ASSISTANCE, FOOD, COUNSELING AND/OR OTHER SERVICES.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

### SERVICES AND REFERRALS PROVIDED

| WHAT | HOW MUCH | AGENCY |
|------|----------|--------|
|      |          |        |
|      |          |        |
|      |          |        |
|      |          |        |
|      |          |        |

\_\_\_\_\_  
Signature of Agency Representation

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date