

2019 APPLICATION FOR ASSISTANCE 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: 2019 MARCH FLOOD											
TOTAL # IN HOUSEHOLD		CLIENT'S FEMA (IF ISSUED):		SERVICE POINT #:							
LAST NAME, HEAD OF HOUSEHOLD		FIRST NAME, HEAD OF HOUSEHOLD			EMAIL						
BIRTHDATE		RACE/ETHNICITY	LAST 4 DIGITS OF SSN		SEX		CELL PHONE #				
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE						
LAST NAME, SPOUSE/SIGNIFICANT OTHER		FIRST NAME, SPOUSE/SIGNIFICANT OTHER			EMAIL						
BIRTHDATE		RACE/ETHNICITY	LAST 4 DIGITS OF SSN		SEX		CELL PHONE #				
					<input type="checkbox"/> MALE <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. MILITARY VETERAN?					ARE YOU RECEIVING VETERAN SERVICES?						
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED <input type="checkbox"/> DOESN'T KNOW <input type="checkbox"/> NOT COLLECTED					<input type="checkbox"/> YES <input type="checkbox"/> NO						
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 - *(IF AMOUNT REQUESTED IS OVER \$1000, THE FRONT TWO PAGES OF YOUR 2018 FORM1040 TAX RETURN IS REQUIRED)*

DISASTER INSURANCE?	FLOOD INSURANCE?	STATUS OF INSURANCE CLAIM	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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 ASSESSING 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