620.227.8793

Application for Assistance

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Disaster Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternative phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list everyone living in the home:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence is: \_\_\_\_ House \_\_\_\_ Mobile home \_\_\_\_ Apartment \_\_\_\_ Farm

\_\_\_\_ Recreational vehicle

Do you: \_\_\_\_ Own \_\_\_\_ Rent

Damage was the result of: \_\_\_\_\_ Fire \_\_\_\_\_ Tornado \_\_\_\_\_ Flood\_\_\_\_\_ Other

Damage done to the residence:

\_\_\_\_\_ Destroyed (Can’t be repaired)

\_\_\_\_\_ Major (Has quite a bit of structural damage that can be repaired)

\_\_\_\_\_ Moderate (Has some structural damage that can be repaired)

\_\_\_\_\_ Minor (Has a little damage that can be repaired)

Do you have Insurance? \_\_\_\_ Yes \_\_\_\_ No

Insurance covers: \_\_\_\_ Structure only \_\_\_\_ Contents only \_\_\_\_ Both

Was insurance sufficient to cover all the damages? \_\_\_\_ Yes \_\_\_\_ No

Were you employed before the disaster? \_\_\_\_ Yes \_\_\_\_ No

Did you lose your job as a result of the disaster? \_\_\_\_ Yes \_\_\_\_ No

What is total household income: $\_\_\_\_\_\_\_\_\_\_\_\_?

Did you apply for assistance from FEMA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, your FEMA case number is #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you also fill out the application for a SBA loan? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list the FEMA received:

\_\_\_\_ Housing Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Home Repair Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Personal Belongings Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Other Needs Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ SBA Loan Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any assistance you have received from other organizations or agencies:

(Name of Organization/Agency Amount Received)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What kind of assistance are you currently looking for?

\_\_\_\_ Food

\_\_\_\_ Clothing

\_\_\_\_ Help with labor

\_\_\_\_ Transportation

\_\_\_\_ Building Materials

\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation of Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_