**Application for Assistance for LTRG**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Disaster Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list everyone living in the home:

Name: Relationship: Age:

Name: Relationship: Age:

Name: Relationship: Age:

Name: Relationship: Age:

Name: Relationship: Age:

Residence is: \_\_\_\_\_House \_\_\_\_\_Mobile home \_\_\_\_\_Apartment \_\_\_\_\_Farm \_\_\_\_\_Second home \_\_\_\_\_Recreational vehicle

Do you: \_\_\_\_\_Own \_\_\_\_\_Rent

Damage was the result of: \_\_\_\_\_Flood \_\_\_\_\_Tornado \_\_\_\_\_Hurricane \_\_\_\_\_ Other

Is the residence located on a Flood Plain? \_\_\_\_\_ Yes \_\_\_\_\_No

\_\_\_\_\_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 Flood 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

Please list all monthly income for all household members:

Wages: \_\_\_\_\_\_\_\_\_ Social Security/SSI: \_\_\_\_\_\_\_\_\_\_\_W-2: \_\_\_\_\_\_\_\_\_\_\_

Child Support: \_\_\_\_\_\_\_\_\_\_\_\_ Unemployment: \_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_

Please list all monthly living expenses:

Rent/Mortgage: \_\_\_\_\_\_\_\_\_\_ Transportation: \_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Heat: \_\_\_\_\_\_\_\_\_\_\_ Electric: \_\_\_\_\_\_\_\_\_\_\_ Childcare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical: \_\_\_\_\_\_\_\_\_\_\_\_ Credit Cards: \_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

Did you apply for assistance from FEMA? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

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

If yes, 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

What kind of assistance are you currently looking for?

\_\_\_\_\_\_\_ Food \_\_\_\_\_\_\_\_ Transportation

\_\_\_\_\_\_\_ Clothing \_\_\_\_\_\_\_\_ Building Materials

\_\_\_\_\_\_\_ Help with labor \_\_\_\_\_\_\_\_ Furniture

\_\_\_\_\_\_ Resource information \_\_\_\_\_\_\_\_\_\_ Medication

\_\_\_\_\_\_ Help with forms \_\_\_\_\_\_\_\_\_\_ Health needs

\_\_\_\_\_\_ Someone to talk to \_\_\_\_\_\_\_\_\_\_ Temporary housing

\_\_\_\_\_\_ Permanent housing

\_\_\_\_\_\_ Other

Describe specific needs:

Do you have a plan for recovery? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

If yes, please describe what it is

What remains to be done?

Have you obtained estimates for repairs or replacement? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No

Amount of estimates : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you obtained permits/inspections? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_No

APPLICANT STATEMENT: I agree and affirm that I am making Volunteer application for assistance for disaster relief from the Unmet Needs Project. I understand that the information contained in this application and the accompanying Individual/Family Plan for Recovery and the Release of Confidential Information form will be utilized by the Unmet Need Project to assist me with my disaster-related needs. I understand that the assistance is not guaranteed and that the case manager does not make the final determination of the availability of funds or other kinds of help. My signature below signifies that I have read and/or understand this document and the service being provided me.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Case Manager’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_