

# Hurricane Harvey Relief Fund

## Request Form

Name: \_\_\_\_\_  
  Last  First

Address: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
                        Number        Street                City                Rent        Own

Primary Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

Email: \_\_\_\_\_

House Hold Occupants:      # (    )

Relationship to Head of Household:

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

Employer: \_\_\_\_\_  
                        Primary

\_\_\_\_\_  
                        Secondary

Household Income: \_\_\_\_\_

Property Value: \_\_\_\_\_

**Insurance Coverage:** \_\_\_\_\_  
**Company**

**Flood Insurance:** ( ) Yes ( ) No

**Assistance Received/ Requested:**

<b>Amount</b>	<b>Source</b>
_____	<b>FEMA</b> _____
_____	<b>Red Cross</b> _____
_____	<b>Insurance</b> _____
_____	<b>Other</b> _____

**Needs: (List in Priority Order)**

<b>Description</b>	<b>Cost</b>	<b>Vendor</b>
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**Stage of Completion:**

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

**ALL INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL. NO NAMES(S) OR AMOUNT OF ASSISTANCE WILL BE PUBLICLY RELEASED.**