Flood & Storm Relief Assistance Application

This relief fund intends to help households stabilize quickly after a flood or storm event — not to replace insurance or long-term recovery programs, but to bridge the immediate gap. Blue indicates information to be filled out by processing staff.

Date: _____		Received By: _____

1. Applicant Contact Information

Last Name	First Name	Middle Initial
Phone Number		**Email Address**
Current Home Address (Street / P.O. Box, Apt #, City, State, Zip)		
Total Adults in Household	**Total Children Under 18**	**Rent, own, or uninhabitable?**

2. Type of Assistance Requested

☐ Housing / Rent / Mortgage ☐ Temporary Housing / Shelter ☐ Home or Storm Damage Repair

☐ Utilities ☐ Food ☐ Medical ☐ Appliance replacement

☐ Transportation ☐ Debris Removal ☐ Other: _____

Amount Requested	Date of Flood / Storm Damage
Brief Description of Damage / Need	

3. Signatures

I affirm that the information provided on this application is true and correct to the best of my knowledge, and I have not withheld any information bearing on my eligibility for this assistance.

Signature of Applicant: _____	Date: _____
Signature of Staff: _____	Date: _____

Amount of Assistance Provided: _____

Usage of Funds: _____