

Buchanan County Disaster Recovery Organization  
Disaster Type: COVID-19

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

**Household Members**

Name (First & Last) (List Head of Household First)	Age	Relationship

**Monthly Income (include all household members):**

	Pre-Covid Amount:	Expected Amount Due to Impact of COVID
Employment Wages		
Public Assistance		
Social Security		
SSDI		
SSI		
Veterans Benefits		
Railroad Pension		
Child Support		
Dividends, Interest, Etc.		
Other		

**Resources: (include all household members)**

Type	Amount	Bank, Trustee, or Company
Cash		
Checking		
Savings		
CDs		
Trust Funds		
Stocks and Bonds		
Life Ins. (cash value)		
Vehicle	Value:	Year:
Real Estate	Value:	Location:
Other		Type:

**Monthly Expenses**

Type	Amount	Company
Rent/Mortgage		
Gas		
Electric		
Cable/Internet/Phone		
Sewer/Garbage/Water		
Unreimbursed Medical		
Car Payment		
Insurance	Value:	Year:
Other		Type:

Are you a Resident of Buchanan County? \_\_\_\_ Yes \_\_\_\_ No Length of Time? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

How has COVID negatively impacted your financial situation? \_\_\_\_\_

What needs are you requesting assistance with? \_\_\_\_\_

\_\_\_\_\_ Cost? \_\_\_\_\_

Have you applied for unemployment if applicable? \_\_\_\_\_ Were you approved? \_\_\_\_\_

Other sources of income that may be available to you? \_\_\_\_\_

Other financial avenues you are pursuing such as unemployment, talking to creditors, applying for LIHEAP energy assistance, applying for short-term job, etc. \_\_\_\_\_

Would you or a family member like to visit with a mental health professional about your experiences? \_\_\_\_\_

I hereby, under penalty of perjury, that the statements I made on this application are true and I understand that Buchanan County Disaster Recovery Coalition will use these statements to determine my eligibility for assistance. I am aware that the information set forth in this application may be verified and investigated and if false statements or misrepresentations were made in order to be eligible for assistance, the application becomes null and void. I hereby authorize all persons including FEMA, American Red Cross, SBA, & the Iowa IFG Program to release confidential information concerning my personal situation to the Buchanan County Disaster Recovery Organization if such information is necessary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

To be completed by Coalition Agency:

Information Verified ( ) Yes ( ) No

