## **DISASTER RELIEF APPLICATION**

Applicant Name:					_	Case Number:					
						Contact Phone #'s:					
Physical Address:								-			
					Current Location:						
	Do you:	Own	or	Rent				-			
Are you currently	unable to li	ve in you	ur Res	sidence?	Yes	No					
If yes, are you currently staying with: Family					Friend	Sł	nelter	Hote	l/Motel		
<b>HOUSEHOLD COMPOSITION AND CHARACTERISTICS:</b> List the Head of Household and all other persons who live in the unit. Complete the following:											
Househe	old Members			Date of E	Birth	Age	Sex	Dis	sabled	Race	

Obtain a Declaration of Income Statement (DIS) for all household members 18 years of age or older.

## **CERTIFICATION SECTION**

I certify that the information provided on this application is true and correct to the best of my knowledge and belief. (Applicants MUST sign and date this section)

**Applicant Signature** 

Date

Agency Signature

Date

Indicate funds used to pay for assistance. Check all that apply:

\_\_\_LIHEAP \_\_\_CSBG \_\_\_Other