



# Knights of Columbus Texas State Council Request for Disaster Relief

*Please complete all blanks*

Relief # 2017 – [                      ]

Name:	Member #:
Address:	
City:	State:                      Zip Code:
Home Ph:	Work Ph:
Cell Ph:	E-mail:
Council #:	Location:

*The following information must be provided for grant to be processed.*

Is this for quick funds of \$50 or \$100?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Have you applied for a claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;">Date of claim:</td> <td style="width: 55%; border-bottom: 1px solid black;">Claim #:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Insurance Company:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of Agent:</td> <td style="border-bottom: 1px solid black;">Phone:</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Agent Address:</td> </tr> </table>			Date of claim:	Claim #:	Insurance Company:		Name of Agent:	Phone:	Agent Address:	
Date of claim:	Claim #:									
Insurance Company:										
Name of Agent:	Phone:									
Agent Address:										
Have you applied for Federal Funds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Have you registered with Catholic Charities or St. Vincent de Paul?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Do you need help with other assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
What assistance have you received?										

*As a Brother Knight, I have provided correct and factual information.*

Member Signature:	Date:
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STATE OFFICE ONLY

Amount to be approved:	
Diocesan Approved:	Date:
EMRC Approved:	Date:
State Officer Approved:	Date:
Received by:	Received Date:
Payment Date:	Amount:

Notes:
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