



F.I.S.H. OF SANCAP
a 501(c)(3) non-profit serving Sanibel and Captiva
F.I.S.H. OF SANCAP is an equal opportunity provider.



HH DISASTER APPLICATION

First Name: _____ Last Name: _____

Cell phone _____ E-mail _____ Applicant Date of Birth _____

Address _____ City _____ Zip code _____

How long at this address? _____ Own/Rent _____ Rent/Mortgage Amt. / Month _____

____ Married ____ Single ____ Divorced Do you have a Roommate ____ Yes ____ No

Number of Children living in the home _____ *(please list them below)*

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Name _____ Date of Birth _____ Name _____ Date of Birth _____

Spouse's Name _____ Date of Birth _____

Spouse's Employment _____ Number of Hours _____

Veteran: ____ Yes ____ No Honorable Discharge ____ Yes ____ No Branch of Service: _____

Applicant Employment Information

Employer Name:			Employer Phone:		
Employer Address:			Employed Since:		
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:		
Overtime pay rate:	Avg. overtime hours per week:		Weekly tips:		

Applicant Employment Information *(for second job)*

Employer Name:			Employer Phone:		
Employer Address:			Employed Since:		
Position:	Pay Rate: \$	Hours Per Week:	Pay Frequency:		
Overtime pay rate:	Avg. overtime hours per week:		Weekly tips:		

MONTHLY EXPENSES

ITEM	AMOUNT	ITEM	AMOUNT
Rent / Mortgage		Car Payment	
Electric		Car Insurance	
Water		Medical Insurance	
Sewer & Garbage		Prescription Costs	
Phone		Monthly Medical Bill payments	
Internet		Total monthly expenses of all liabilities from previous page	
Cable		Preschool/After School Care Cost	
Food Cost		Misc. Expense	
		TOTAL MONTHLY EXPENSES	

In the past year, have you or a member of your family received financial assistance payments toward your rent/mortgage, utilities, medical/dental bills, or any other financial assistance from another social service agency? NO ___ YES ___

As a result of this disaster, do you need assistance in any of the following categories?

- Employment
- Financial
- Food
- Housing
- Legal
- Medical

Other _____

Assistance Requested _____

Have you applied for?

FEMA ___ YES ___ NO UNEMPLOYMENT ___ YES ___ NO

CHECKLIST

Please provide as many documents as possible from the list below.

_____ Copy of **current one month** pay stubs

_____ Copy of **current** lease agreement/mortgage documentation

_____ Copy of **current** bank statements

_____ Copy of the **last** year's tax return

_____ Proof of FEMA Application

_____ Proof of DOE Application

_____ Copy of driver's license and/or state ID

_____ Other: _____

F.I.S.H. Representative:

Applicant:

Date: _____

Date: _____

- ***Return of required documentation does not guarantee approval for financial assistance.***