



a 501(c)(3) serving Sanibel and Captiva

**HH LONG TERM RECOVERY DISASTER APPLICATION**

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

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

How long at this address? \_\_\_\_\_ Rent or Own \_\_\_\_\_ Amt. / Month \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Roommate (y/n) \_\_\_\_\_

**HOUSEHOLD MEMBERS: Please list all people in your household:**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Relationship to HOH \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Relationship to HOH \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Relationship to HOH \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Relationship to HOH \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Relationship to HOH \_\_\_\_\_

**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:	

**OTHER SOURCES OF INCOME** for ALL Household Members aged 18+: List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment, Workers Compensation, Welfare, etc.





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Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
5.		

In the past year, have you or a member of your family received financial assistance toward your rent/mortgage, utilities, medical/dental bills, or any other type from another social service agency? (y/n)\_\_\_\_\_

If YES, please provide the type of assistance and amount received: \_\_\_\_\_

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

- Employment     Financial     Food     Medical     Legal     Home Repairs
- Housing – Impending Homelessness –*Example; your housing is not safe to live in and you are sleeping in a car or living in a temporary place such as someone else’s home or a motel.*
- Emergency Crisis – *You do not have or could lose electric, water or sewer service*
- Do you have an eviction or a foreclosure notice? (y/n)\_\_\_\_\_

Other \_\_\_\_\_

**Have you applied for?**

FEMA  Yes  No    Case # \_\_\_\_\_

SBA Disaster Loan  Yes  No    Approved?  Yes  No    Amount? \_\_\_\_\_





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**CHECKLIST**

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

- |   |   |
|---|---|
| _____ Proof of <b>monthly</b> income                        | _____ Copy of <b>current</b> mortgage documentation |
| _____ Copy of the last two months of <b>bank</b> statements | _____ Copy of <b>current</b> rental agreement/lease |
| _____ Proof of FEMA Application                             | _____ Copy of the <b>last</b> year’s tax return     |
| _____ Quote from vendor                                     | _____ Proof of SBA Application                      |
| _____ Copy of driver’s license and/or state ID              | _____ Proof of current insurance                    |
| _____ Proof of Insurance claim and settlement/denial        | _____ Other   |

F.I.S.H. Representative:

Applicant:

\_\_\_\_\_

\_\_\_\_\_

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

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

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





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**Disaster Application Agreement**

Participant:

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to enroll in this program because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a program participant, it is my hope that I will (explain anticipated outcome): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As a program participant, I agree and understand that I am required to participate in program measurement by completing and submitting, on a timely basis, surveys, questionnaires, testimonials, follow up phone calls, etc. and other measurement tools as provided to me by F.I.S.H

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

