



APPLICATION FOR THOMAS FIRE RELIEF FUND

DEADLINE TO APPLY: **April 30, 2018**

APPLICANT INFORMATION – ONLY ONE APPLICATION PER HOUSEHOLD

First Name	Last Name	Phone Number
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ETHNICITY AND RACE INFORMATION IS OPTIONAL. IT IS REQUESTED TO ASSURE THE BENEFITS ARE GIVEN WITHOUT REGARD TO RACE, COLOR OR NATIONAL ORIGIN. YOUR ANSWERS WILL NOT AFFECT YOUR ELIGIBILITY OR FUNDING SUPPORT.
 Check this box if you do not want to give United Way information about your race or ethnicity

ETHNICITY/RACE
 ARE YOU HISPANIC, LATINO OR SPANISH ORIGIN? YES NO
 White American Indian/Alaskan Native Black/African American Asian/Pacific Islander

ADDRESS WHERE DAMAGE OCCURRED (WRITE N/A IF NOT APPLICABLE)

Street Address	Apt Number	City	Zip Code
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CURRENT CONTACT INFORMATION

Street Address	Apt Number	City	Zip Code
Email		Phone Number	

IF RENTAL PROVIDE LANDLORD INFORMATION INDICATE IF LANDLORD WILL ACCEPT CHECK FROM THIRD PARTY YES NO

Landlord Name	Phone Number
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PROOF OF PRIMARY RESIDENCE AT TIME OF FIRE IS REQUIRED. PLEASE PROVIDE COPY OF ONE OF THE FOLLOWING:

<input type="checkbox"/> Tax Return	<input type="checkbox"/> Driver's License	AGENCY USE ONLY Is address in the fire area: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Photo ID	
<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Rental Agreement	

INDICATE THE TYPE OF ASSISTANCE THAT YOU ARE REQUESTING	DESCRIBE YOUR NEED AND INDICATE THE AMOUNT OF FUNDS YOU ARE REQUESTING. YOU WILL NEED TO PROVIDE DOCUMENTATION TO JUSTIFY YOUR REQUEST. IF REQUEST IS APPROVED, CHECK WILL BE MADE TO IDENTIFIED THIRD PARTY VENDOR.
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<input type="checkbox"/> Housing Assistance <input type="checkbox"/> Habitability of Home <input type="checkbox"/> Livelihood/Income/Employment (Tools, uniform, transportation) <input type="checkbox"/> Vehicle Repair/Replacement <input type="checkbox"/> Other:		
	Amount Requested \$	Make Check Payable to:

INSURANCE INFORMATION EXPLAIN ANY GAPS IN YOUR INSURANCE COVERAGE RELATED TO YOUR REQUEST

<input type="checkbox"/> Homeowners <input type="checkbox"/> Renters <input type="checkbox"/> Auto <input type="checkbox"/> Other:	
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INCOME AND FAMILY SIZE ELIGIBILITY CRITERIA FOR THOMAS FIRE RELIEF FUND

Income Limits Chart								
Family Size	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
	\$84,000	\$96,000	\$108,00	\$119,880	\$129,480	\$139,080	\$148,680	\$158,280

Additional eligibility requirements may apply and basic criteria may change based on community needs and available funding.

HOUSEHOLD TOTAL PRE-TAX ANNUAL INCOME (PROOF OF INCOME MAY BE REQUIRED)		
HOUSEHOLD INFORMATION		
Name (Last, First)	Relation to Head of Household	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
FAMILY TYPE		
<input type="checkbox"/> Single Person	<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Adults – No Children	<input type="checkbox"/> Adults and Children	<input type="checkbox"/> Other:
HOUSING – PRIOR TO FIRE		
<input type="checkbox"/> Own	<input type="checkbox"/> Buying	<input type="checkbox"/> Rent
<input type="checkbox"/> Homeless	<input type="checkbox"/> Temporarily Living with Friend/relative	<input type="checkbox"/> Other:
Total Income for Household : \$	List Sources of Income :	

I understand that by signing this application I agree to the following:

- Personal identifying information will be collected and used to determine eligibility;
- Collected information will be entered into the Coordinated Assistance Network (CAN); and
- Authorize the release of information provided on this application to determine eligibility

Applicant Signature

Date

FOR AGENCY USE ONLY	
VERIFICATION REVIEWED AND VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
AGENCY NAME:	EMPLOYEE NAME/INITIALS:
REQUESTED AMOUNT:	FINAL RECOMMENDATION:
TIME FRAME OF ASSISTANCE (SHORT, MID, LONG-TERM):	