2024 APPLICATION FOR ASSISTANCE WOOD RIVER MINISTERIAL ASSOCIATION DISASTER RELIEF

Information must be filled out accurately and completely in order to be considered for assistance. Please provide any documentation and/or receipts to support your request. Thank you!

	N.A.	CLIENT INFO				
	NAI	ME OF DISASTER: 20	024 HOME EXPLOSIO	N		
TOTAL # IN HOUSEHOLD					APPLICANT #: (OFFICE USE ONLY)	
LAST NAME, HEAD OF HO	USEHOLD	FIRST NAME, HEAD OF	HOUSEHOLD	EMA	L	
BIRTHDATE		LAST 4 DIGITS OF SSN			SEX	CELL PHONE #
					☐ MALE ☐ FEMALE	
LAST NAME, SPOUSE/SIG	NIFICANT OTHER	FIRST NAME, SPOUSE/S	GIGNIFICANT OTHER	EMA		
BIRTHDATE		LAST 4 DIGITS OF SSN			SEX	CELL PHONE #
					☐ MALE	
	/ADT # AITY ATATE TIP AA				FEMALE	
PRE-DISASTER ADDRESS	(APT. #, CITY, STATE, ZIP CO	DE)				
POST-DISASTER ADDRESS	(APT. #, CITY, STATE, ZIP C	ODE)				
	114F	OTHER MEMBERS			057	DIDTUDATE
N/	AME	KEL	ATIONSHIP		SEX	BIRTHDATE
ARE ANY MEMBERS OF TH	E FAMILY A U.S. VETERAN?	ARE YOU RECEIVING V	ETERAN SERVICES?			
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ARE ANY MEMBERS OF TH		☐ YES ☐ NO	☐ REFUSED ☐	DOESN	T KNOW N	OT COLLECTED
			☐ REFUSED ☐		'T KNOW NO	OT COLLECTED DEBRIS REMOVAL

Please complete page 2

TYPE OF DWELLING OWNERSHIP HOUSING DAMAGE ESTIMATED HOUSING NEED SINGLE OWN DESTROYED NONE ESTIMATED HOUSING NEED SINGLE HOME RENT FURNISHED MAJOR NONE TEMPORARY APARTMENT RENT FURNISHED MAJOR NONE SEASEMENT CONSIDERED A LIVING SPACE? (BEDROOMS, BATHROOMS, FURNISHED, ETC.) PPROXIMATE COST FOR NEED - ATTACH COPY OF HOMEOWNERS OR RENTERS INSURANCE POLICY SHOWING CURRENT WAS OF YOUR ZOT FORM THE PROVIDED HOME THE PROVIDED HOME SEASON OF YOUR ZOT FORM THE PROVIDED HOME PRODUCTS OF THE PROVIDED HOME PROVIDED HOME PRODUCTS OF THE PROVIDED HOME PROVIDED HOW MAD OR THE PROVIDED HOW MUCH AGENCY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING: I AUTHORIZE THE PARTNER AGENCIES AND THEIR REPRESENTATIVES TO SHARE SIGNING MY/OUR NEEDS FOR HOUSING, UTILITY ASSISTANCE, FOOD, COUNSELING AND/OR OTHER SERVICES. SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING: I AUTHORIZE THE PARTNER AGENCIES AND THEIR REPRESENTATIVES TO SHARE SIGNING AND/OR OTHER SERVICES. SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING: I AUTHORIZE THE PARTNER AGENCIES AND THEIR REPRESENTATIVES TO SHARE SIGNING AND THE PROVIDED HOW MAD OR TH			HOUS						
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