

APPLICATION FOR FLOOD RELIEF ASSISTANCE

Name _____

Address _____ City _____

Home/Cell phone # _____ Work phone # _____

How many people are living in residence: ___ Adults ___ Children

Residence is: ___ House ___ Apartment Do you: ___ Own ___ Rent

Do you have Insurance? ___ Yes ___ No Flood Insurance? ___ Yes ___ No

What resources/assistance are you requesting? _____

(attach additional pages, if needed)

Why are you not able to obtain this yourself? _____

(attach additional pages, if needed)

Have you requested assistance through other resources? ___Yes ___No If Yes, list the resource(s) and what assistance was given. _____

(attach additional pages, if needed)

APPLICANT STATEMENT: I agree and affirm that I am making voluntary application for assistance for disaster relief from the West Lafayette United Methodist Flood Relief Fund. I understand that the information contained in this form will be utilized by the West Lafayette United Methodist Church Flood Relief Committee to assist me with my disaster-related needs. I understand that the assistance is not guaranteed and that the committee will make the final determination of the availability of funds or other kinds of help.

My signature below signifies that I have read and/or understand this document and the service being provided me.

Signature of applicant _____ Date _____

Submit completed application to:
West Lafayette UMC
c/o Flood Relief Committee
120 W Union Ave
West Lafayette, OH 43845

Applications can also be emailed to: floodrecovery@westlafayettevillage.com