



CCVODR
APPLICATION FOR ASSISTANCE

Client # _____ Name: _____
Pre-disaster Address: _____
Current Address: _____
Mailing Address, if different _____
Current Phone: _____ Alternate Phone: _____
FEMA # _____ SBA Loan Yes () No () If yes, amount? \$ _____

__ Own __ Rent
__ SFD __ MH __ Duplex
__ Destroyed __ Major __ Minor
__ Insurance () structure () contents

Income: _____

Monies awarded for:

__ Temporary Housing

Amount _____

__ Home Repair

Amount _____

__ Individual Family Grant

Amount _____

__ Other _____

Amount _____

Owners

Date Purchased _____

Price _____

Balance Owed _____

Own Land? () Yes () No

Basement _____

One Story Home _____

Two Story Home _____

Mobile Home _____

Flooded Before? () Yes () No

How Many Times? _____

Names, relationship and age of people living in residence prior to flood:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Are insurance, federal, state, local and/or family resources sufficient to meet disaster-caused needs? () yes () no Explain:

What is family's stated need? (See Needs Checklist attached)

[Continued on reverse](#)

Client Application for Assistance (Continued)

Has family obtained estimates for repairs or replacement of the residence?

() yes () no

Amount of estimates \$_____ (copies attached or verified)

Obtained permits/inspections? () yes () no

Checked code/elevation requirements? () yes () no

Further assistance needed? () yes () no Additional Comments:

Please list three best days of week, times of those days and contact number for you to be notified and interviewed by Case Worker

	Day of Week	Time of Day	Best Contact #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Signature of Applicant

Date

CCVODR Representative

Date

NEEDS CHECKLIST

SERVICES	
<ul style="list-style-type: none"> · Clothing (New) · Clothing (Previously worn) · Groceries · Infant formula(Supplies) · Transient lodging (Hotel/Shelter) · Emotional & spiritual care · Medical (Prescriptions) · Medical (Treatment) · Transportation · Vehicle repair · Utilities · Housing (Rental/Mortgage) · Hot water heater · Furnace 	<ul style="list-style-type: none"> · Bedding/linens · Household goods · School/Work supplies <p>Appliances</p> <ul style="list-style-type: none"> · Stove · Refrigerator · Washer · Dryer <p>Furniture</p> <ul style="list-style-type: none"> · Living Room · Dining Room · Kitchen · Bedroom <p>Other:</p>

REBUILDING NEEDS CHECKLIST First Floor Only

<ul style="list-style-type: none"> · Electrical · Plumbing <p>Living Room: Dimensions _____</p> <ul style="list-style-type: none"> · Insulation · Drywall · Flooring <p>Dining Room: Dimensions _____</p> <ul style="list-style-type: none"> · Insulation · Drywall · Flooring <p>Kitchen: Dimensions _____</p> <ul style="list-style-type: none"> · Insulation · Drywall · Flooring 	<p>Bathroom: Dimensions _____</p> <ul style="list-style-type: none"> · Insulation · Drywall · Flooring <p>Family Room: Dimensions _____</p> <ul style="list-style-type: none"> · Insulation · Drywall · Flooring <p>1st Floor Bedroom: Dimensions _____</p> <ul style="list-style-type: none"> · Insulation · Drywall · Flooring · Other:
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NOTES: