

River to Ridge Disaster Resilience
Also known as the Long Term Recovery Group Region1/WIVOAD
Application for Assistance WI-DR 4402

Name: _____

Address at time of Flood: _____

City: _____ **Zip:** _____ **County** _____

Current Address: _____

City: _____ **Zip:** _____ **County** _____

Land Line: _____ **Cell Phone:** _____

Email address: _____

Preferred method of contact: **Land Line** **Cell Phone** **Text** **Email**

Please list everyone living in home at time of the disaster:

Name: _____ **Head of Household**

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Name: _____ **Relationship:** _____

Affected Property is: **Primary Home** **Second/Vacation Home**

Mobile Home **Apartment** **Farm** **Recreational Vehicle**

Business _____

Do you _____ **Own** _____ **Rent**

Is the residence located in a Flood Plain? **Yes** _____ **No** _____

Do you have homeowner's Insurance? **Yes** _____ **No** _____

Do you have Flood Insurance? Yes _____ No _____

Did you apply to FEMA? Yes _____ No _____

If yes, did you complete an application for a SBA Loan? Yes _____ No _____

Did you appeal to FEMA? Yes _____ No _____

Please include a copy of your FEMA letter of benefit or denial.

Please list any assistance you have received from other organizations or agencies:

Name of Organization/Agency	Amount Received	Purpose
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

What kind of assistance are you looking for? Please check all that apply.

- | | |
|---------------------------|--------------------------|
| _____ Transportation | _____ Repair to home |
| _____ Furniture | _____ Building Materials |
| _____ Health needs | _____ Help with Forms |
| _____ Temporary Housing | _____ Someone to talk to |
| _____ Permanent Housing | _____ Well repair |
| _____ Business Assistance | _____ Farm |

Describe Specific Needs: _____

Have you obtained estimates for repairs or replacement? Yes _____ No _____

While your application and funding is not based on your income, we require verification of income in order determine if you qualify for other sources of funding that may have income stipulations. Please list for all wage earners in home:

Name	Wage	Social Security/SSI	Child Support	Unemployment	Other

Applicant Statement:

I agree that I am applying for assistance for disaster relief from the River to Ridge Disaster Resilience group also known as the Long-Term Recovery Group Region 1/WI VOAD. I understand that the information contained in this application and the Release of Confidential Information form will be utilized by the case manager and the committee to assist me with my disaster related unmet needs. I understand and provide consent to allow my name and contact information to be shared with other funding streams that I may be eligible. I understand that the assistance is not guaranteed and the final decision is made by the River to Ridge Disaster Resilience Group Board of Directors based on the availability of funds and the guidelines and priorities that have been adopted by said Board. My signature below signifies that I have read and understand this document and the services being provided.

Signature of Applicant: _____ Date _____

Signature of Co-Applicant: _____ Date _____

Confidential Release of Information
River to Ridge Disaster Resilience
Also known as the Long Term Recovery Group Region 1/WIVOAD

I, _____, hereby authorize FEMA to release to the agency and person listed below any information regarding WI DR 4402 and any funds awarded in recovery from FEMA. The information will be used to prevent duplication of benefits.

I, _____, hereby authorize _____ (organization or agency) to verify any funds received by me from said organization or agency to the agency and person listed below. The information received will be used to prevent duplication of benefits.

I, _____, further request that _____ provides verification of income as requested by the agency and person listed below. That information is relevant and necessary for the purpose of providing assistance for my disaster related needs.

Name of agency and or person designated to release information to:

_____ Case Manager
River to Ridge Disaster Resilience (AKA Long Term Recovery Group Region 1/WIVOAD)
Mailing Address: c/o Couleecap, Inc. 201 Melby Street, Westby, WI 54667