



LIVING HOPE

BAPTIST CHURCH

Tornado Relief Fund Application Information:

This disaster relief fund will be disbursed to families and/or individuals who were displaced from their homes as a result of the tornado on December 11, 2021. Target recipients include homeowners and renters, or people with vehicles who can show written proof of being uninsured or underinsured with contracts, receipts, and/or bills exceeding the amounts received by insurance and FEMA. **You can only apply for one grant, either home or auto assistance.** Grants will be given in the range of \$1,000.00-\$5,000.00

Items Considered for reimbursement:

- **Home** - Home Replacement Assistance, Major Home Repairs, Furniture, Appliances, Monthly Rent Subsidies, and Initial Month's rent and/or Security Deposit
- **Auto*** - Automobile Replacement or Major Automobile Repairs
 - *Note: this will apply to the family's primary vehicle. No aid will be given if the family has one functioning vehicle.

Name _____ Date _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email _____

Best way to contact you: Cell Home Email

Physical Address _____
(street)

(city) (state) (zip code)

Is your mailing address the same as your physical address? Yes No

Mailing Address _____
(street)

(city) (state) (zip code)

Emergency Contact Name _____ Phone _____

How did you hear about Living Hope's Tornado Relief Fund?

Social Media Internet Friend TV Other _____

Referred by (Agency or Person) _____ Phone _____

Financial Information

*Please complete the following for all members of the household. Please list ALL income sources (Employer, Social Security, SSI, Annuities, FEMA, AFDC, VA Benefits, Disabilities, Child Support, Pensions, Medicare, Medicaid, Etc.). **Attach additional sheets for further explanations of any items if needed.***

Name of ALL Household Members	Relationship to Applicant	DOB	Income Source	Gross Monthly Income
				Total Household Income:

Household Information

Only fill out this section if applying for home assistance.

Age of home or year built _____

Do you own or rent your home?

Do you own or rent your land?

Name on Deed _____

Address (if different) _____
(street)

(city) _____ (state) _____ (zip code) _____

Applicant has lived at the residence for _____ years and _____ months.

Do you plan to sell your home within: 1 year 2 years 5 years Other

Is the home your current residence? Yes No

Is this home your only residence? Yes No

Do you own other property? Yes No

Home Repair Information

Only fill out this section if applying for home assistance.

Amount of Monthly Mortgage Payments \$ _____

Average Monthly Utility Bills \$ _____

Do you have homeowners/renters insurance? Yes No Company _____

Total Cost for damages \$ _____

Amount Received from Insurance \$ _____

Type of home: House Mobile Home Other _____

Total number of rooms in house: Bedrooms _____ Bathrooms _____ Sq. Ft. _____

Area to be repaired: Provide a brief description of work to be done (Attach additional documentation if needed)

Foundation: _____

Siding: _____

Floors/Flooring: _____

Insulation/Weatherization: _____

Exterior/Interior Walls: _____

Roof/Ceiling: _____

Windows/Doors: _____

Bathroom: _____

Electrical: _____

Plumbing: _____

Porch/Steps/Ramp: _____

Grab bars/Handrail: _____

ADA Accessibility: _____

Safety: _____

Appliance/Water Heater: _____

Other: _____

Automobile Information

Only fill this section out if applying for auto assistance.

Make _____ Model _____ Year _____

Current Book Value _____

Repair Estimate _____

Amount Received from Insurance _____

Nature of Damage _____

Do you have automobile insurance? Yes No Company _____

Homeowner/Automobile Disclosure Agreement

_____ **Initial** My signature indicates that all of the above statements and information provided are accurate and complete.

_____ **Initial** I certify that I do not have the financial means to perform the repairs for which I am applying.

_____ **Initial** I certify that overall repair costs exceed the amount of insurance received for said repairs.

_____ **Initial** I understand that I may be asked to provide documentation as proof of my answers. I authorize investigation and verification of all information provided, including a personal background check.

_____ **Initial** I give Living Hope Baptist Church permission to share this document with other providers, or non-profit organizations that might be able to assist with this application.

_____ **Initial** I understand that the committee will review all applications and that decisions are final.

Attach proof of uninsured/underinsured status to the application.

Applicant Name (print)

Applicant Signature

Date

An assessment team member may call to schedule an inspection of your home and get more details of work requirements. You will be notified by phone or mail whether or not you are selected.

**If this form has been prepared by someone other than the homeowners, or if assistance has been given to the homeowner, please complete the following:*

Name of Preparer _____ Relationship _____

Agency _____ Phone _____

Email _____

Is the homeowner aware of this application? Yes No