



# Catholic Charities of the Diocese of Lexington

## Application for Disaster Recovery Assistance

Please list everyone in household

First and Last Names, MI	Relationship	Social Security #	Date of Birth	Monthly Income/Source
	Head of Household			

### Contact Information:

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address which sustained damage: \_\_\_\_\_

I/We \_\_\_\_\_ own \_\_\_\_\_ rented this property.

How can Catholic Charities help you?

\_\_\_ equipment or tools (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Building supplies (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Bill (specify) \_\_\_\_\_

\_\_\_ Appliance (specify) \_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check all that apply:

I have attached a letter which describes damages and includes a detailed explanation of my need for assistance. (REQUIRED)

I have insurance which will help pay for this loss.

I have applied for help through FEMA.  FEMA assistance is not available to me  
My FEMA ID # is \_\_\_\_\_ .

I have received individual assistance from FEMA in the amount of \$\_\_\_\_\_ for rent,  
\$\_\_\_\_\_ home repair, \$\_\_\_\_\_ for personal property, and \$\_\_\_\_\_ for  
\_\_\_\_\_ (specify).

I have  have not submitted an application for a loan from SBA.

If no, please list reason: \_\_\_\_\_

I have received a loan from SBA for \$\_\_\_\_\_. My monthly payment is \$\_\_\_\_\_  
for \_\_\_\_\_ years.

I have refused a loan from SBA because \_\_\_\_\_  
\_\_\_\_\_.

I have attached verification of all household income from the last two months  
(paycheck stubs, benefit award letters, verifications signed by employer, etc.).

I have attached any other documents that would be beneficial in the  
completion of services to my household, i.e. bill, insurance info, estimates, etc.

I/we certify that the above information is true and correct. I/we agree to provide verification of income and FEMA/flood insurance awards. I/we consent to the release of any pertinent information to and from social service agencies, churches or businesses as necessary to complete services to my/our household, to provide statistics on emergency assistance, or to guard against duplication of assistance. I give permission to use submitted photos, my name and county location for reporting and fundraising. I/we understand that funding is limited and applying for assistance through CCDL does not guarantee that I/we will receive it.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of CCDL worker  
or referring person

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

Referring Person Phone Number: \_\_\_\_\_