



Disaster Recovery Assistance Application

Please return this completed form to Tracey@NewYorkSaysThankYou.org

Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Home Phone: _____

Cell Phone: _____

Age: _____

How do you prefer we contact you?

Home Phone: _____

Cell Phone: _____

Email: _____

Number of residents of effected home: _____

Are any residents of the effected home children? If so, how many and what ages?

1. What is your current living situation?

Living in home in need of repairs? _____

Living with family or friends? _____

Living in hotel? _____

Renting home or apartment temporarily? _____

Other? (Please Describe) _____

2. What life threatening illness have you been diagnosed with?

Cancer _____ Type _____ Stage _____

Leukemia _____

HIV/AIDS _____

Multiple Sclerosis _____

Other (Please Describe) _____

3. When were you diagnosed? _____

4. Where are you receiving treatment for your illness? _____

Home/Building Information

1. Do you own or rent the home that was damaged? _____

2. Was this home your primary residence? _____

3. Rate the level of damage to your home (minor, moderate, severe) _____

4. Will you be returning to that home or relocating? _____

5. Did your home experience any of the following?

Flooding _____

Tidal Surge _____

Fire _____

Tornado _____

Other (Please Describe) _____

6. What is the color of the stick the Department of Buildings put on your home?

Red _____

Yellow _____

Green _____

None _____

7. Was any medical equipment damaged by the disaster? If so, what kind?

Insurance Information

1. What type of insurance coverage do you have for your home? (check all that apply).

- None _____
- Homeowners _____
- Flood _____
- Wind _____
- Fire _____
- Contents _____
- Other _____

2. If you have insurance, what carriers do you have?

3. If you have coverage, have you been informed by letter or phone of denial of coverage?

- Yes _____
- No _____

For what items? _____

4. If you have coverage, have you been informed by letter or phone of approval of coverage?

- Yes _____
- No _____

For what items? _____

FEMA Information

1. Have you applied for funding from FEMA?

Yes _____

No _____

2. Have you been

Denied _____

Approved _____

Still Pending _____

If accepted, please provide the amount: \$ _____

3. FEMA # _____

Financial Hardship

1. What do you estimate the total value of repairs you will have to pay for out-of-pocket that will be un-insured/under-insured?

\$ _____

2. What type of repairs will that cover?

3. Have you received estimates for these repairs?

Yes _____

No _____

4. What do you estimate the total value of contents you will have to replace and pay for out-of-pocket that will be un-insured/under-insured?

\$ _____

5. What type of contents will that be? (i.e. furniture, medical equipment, etc.).

6. After all possible monies you may receive from FEMA and/or your insurance companie(s), what do you estimate your total out-of-pocket expense will be for repairs and contents?

\$_____

Phase II - Documentation

As part of the follow-up process, some or all of the following information/documentation may be requested. We suggest you begin gathering this information while waiting for a member of our team to contact you.

- Identification
- Government issued photo ID(s) for all members of household 18 and over
- Proof of ownership of home (title or deed to house)
- Income Verification
- Last year's tax return
- Storm Assistance
- FEMA award letter
- Insurance award letter(s)
- Other non-profit award letter(s)
- Receipts for labor and supplies purchased to date
- Copy of any permits or certificates obtained (mold, plumbing, electrical, building, etc.)

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www.BuildForLIFE.org