

**Disaster Relief Fund Application**  
(Funds are limited)

Name of Applicant:	Home Address:
Phone:	Current Address (if different):

Name(s) and ages in home affected: \_\_\_\_\_

Explain your loss: \_\_\_\_\_

The Disaster Relief fund will not cover items covered by your insurance. You may be asked to provide a waiver so that we can coordinate with your insurance carrier. We will also require a valid driver's license or identification to verify property/loss and additional assistance already provided.

Please circle all needs that apply:

Food      Shelter      Clothing      Transportation      Cleaning Supplies      Personal Hygiene Items

Other: \_\_\_\_\_

Please list any additional services you have received or applied for: \_\_\_\_\_

Please list any additional non-financial assistance you need: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**ROTARIAN USE ONLY**

Date Application Received (mm/dd/yr): \_\_\_\_\_

Mercer County Residency and affected address verified: Yes    or    No

Approval Date: \_\_\_\_\_

Amount Approved: \_\_\_\_\_

Denial Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Other referrals provided: \_\_\_\_\_