



Disaster Relief Fund Application

(Funds are limited. Deadline to submit is July 15, 2019)

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

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: _____