



Hurricane Michael Long Term Recovery Assistance Application

Completing application does not guarantee approval. This is a first-come, first served opportunity. Application and related documents must be approved for financial assistance.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Number of dependents: _____ Ages: _____

Is anyone in your home from birth to 11 years of age? YES NO Is anyone in your home age 55 years of age or older? YES NO

Are you a citizen of the United States? YES NO Are you a resident of Gadsden County? YES NO

Have you ever applied for SHIP and/or UWBB assistance? YES NO If yes, when? _____

If yes, assistance received _____

If insured, have you applied to your insurance company for assistance? YES NO If yes, when? _____

If yes, assistance received _____

Have you applied to FEMA for assistance? YES NO If yes, when? _____

If yes, assistance received _____

Please provide a statement of your current situation: (Please use additional paper if need)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Items needed to process application:

- Valid Copy of Driver's License/State Issued ID
- Proof of Residency
- Verification of Income - Pay Stubs (3 Month's Pay)
- Financial Asset Verification (3 Month's Checking/Savings)
- Copies of Utility Bills (3 Months)
- FEMA and Insurance Related Documents

To Be Completed by Staff:

Date Received: _____ Date of Approval: _____

Approved by: _____