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AGAPE/CCVOAD Flooding Application For Recovery Assistance

Client # _____ Name: _____

Pre-disaster Address: _____

Current Address: _____

Mailing Address: _____

Current Phone: _____ Alternate Phone: _____

Email Address: _____

Are you currently in need of shelter: Permanent _____ Temporary _____

Applied for SBA Loan? Yes () No () Amount: _____

Flood Insurance? Yes () No () Expected insurance amt. _____

__ Own home __ Rent home Income: _____

House Status:

__ Condemned __ Repairable damage __ Home Repair Amount _____

__ Minor damage __ Personal Property Amount _____

Insurance coverage:

__ Homeowners: __ Structure __ Contents

__ Renter's: __ Personal Contents

For Owners:

Date Purchased _____ __ Individual Family Grant

Own Land? () Yes () No Amount _____

Basement _____ Other _____

One Story Home _____ Amount _____

Two Story Home _____ Flooded Before? () Yes () No

Mobile Home _____ How Many Times? _____

Names, relationship and age of people living in residence prior to flood:

1. _____
2. _____
3. _____
4. _____

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- 5. _____
- 6. _____

(Financial and In-Kind limited to availability)

Client Application for Assistance (Continued)

What is the family's stated need?

Has family obtained estimates for repairs/replacement of the residence? () yes () no

Amount of estimates \$ _____ (copies attached or verified)

Obtained permits/inspections? () yes () no

Checked code/elevation requirements? () yes () no

Additional Comments:

Please list the best day of week, times of that day and best contact number for you to be notified and interviewed by caseworker if needed:

Day of Week

Time of Day

Best Contact #

Signature of Applicant

Date

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Case Worker Signature

Date

REBUILDING NEEDS CHECKLIST (Do to the demand of the items listed below we cannot guarantee you will receive all the items you have checked.)

Basement

- Muck Out/Wipe Down
- Disinfect
- Fans (help with Moisture 9% or less)
- Moisture Check
- Furnace
- Water Heater
- Electrical
- Plumbing

Other:

Dining Room: Dimensions

Notes:

- _____
- Insulation
 - Drywall
 - Flooring

Living Room: Dimensions

- _____
- Insulation
 - Drywall
 - Flooring

Kitchen: Dimensions

- _____
- Insulation
 - Drywall
 - Flooring

Bathroom: Dimensions

- _____
- Insulation
 - Drywall
 - Flooring

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Family Room: Dimensions

- Insulation**
- Drywall**
- Flooring**

Disaster Survivor Recovery Request Waiver
Please Print

Name: _____

Best Phone: _____

Pre-disaster Address: _____

Current Address (if different): _____

City: _____ State: _____ Zip: _____

Email: _____

Any Health concerns? _____

I am an adult and a recent (disaster) survivor requesting assistance from AGAPE Love From Above To Our Community, which may include donated materials and services. I understand that AGAPE will attempt to provide these services to the best of their ability; however, I acknowledge that they are in no way obligated to provide any services or materials, and are not professionals, but volunteers. I do not hold AGAPE or CCVOAD liable for any damages, and I accept full responsibility for my personal safety. I also agree not to endanger the safety of those around me, or any AGAPE volunteers through my actions or by withholding any information.

I give permission to AGAPE Love From Above To Our Community and or CCVOD, to share my information with other responding organizations that could benefit me.

Signature: _____ Date: _____



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Consent to Share Client Information

I, _____ (Name) authorize FEMA, the Commonwealth of Pennsylvania, the voluntary agencies of the Pennsylvania Voluntary Organizations Active in Disaster (PaVOAD), and the recognized Columbia County VOAD (Long-Term Recovery Committee) serving Columbia County to share information related to my disaster recovery needs. I consent to the disclosure of:

- My entire case file My contact information only

I understand that this consent to release my information does not guarantee that assistance will be provided. Assistance will be determined by need and circumstances based on casework.

Drivers License/Picture ID #: _____ CCVOAD Client # _____

Birthplace: _____

Birth Date: _____

FEMA #: _____ Disaster #: _____

Damaged Home Address: _____

Current Home Address: _____

Current Home Phone: _____

Cell Phone Number: _____

Alternate Phone Number: _____

I declare under penalty of perjury that the foregoing is true and correct.

Signature

Date

DO NOT sign this form unless in the presence of a witness.

Witness Signature

Date

AGAPE do not discriminate based on race/ethnicity, color, national origin, sex, disability, veteran status, or age.