



Disaster Recovery Assistance Application

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAMES AND AGES OF FAMILY MEMBERS IN THE HOUSEHOLD:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

Did you lose your home in the Almeda fire? (circle one) Yes No

Did you rent or own your home prior to the fire? (circle one) Rent Own

Did you have hazard insurance or renter's insurance on your home? (circle one) Yes No

Did you lose employment because of the Almeda Fire? (circle one) Yes No

How has your monthly income been affected? _____

What is your current monthly income? _____

What financial resources do you have currently to help you through this time? _____

What other financial resources do you expect to receive in the next 6 months (FEMA, help from family, organizations, or associations)? _____

Do you plan to rent or rebuild as next steps? (circle one) Rent Rebuild

Do you have pets? Yes No If so, what are they? _____

Other information that is relevant and important to you:

(continue on back if needed)

MAIL APPLICATION TO:



JACKSONVILLE
Presbyterian Church

Disaster Recovery Assistance Application

Jacksonville Presbyterian Church
Attn: Mission Team
PO BOX 297
Jacksonville, OR 97530