



River to Ridge Disaster Resilience
Application for Assistance WI-DR 4402

To apply for long term assistance, fill out this application. This will help us determine the long term needs of individuals affected by the disaster. We are not able to help with immediate short term needs. We will hold these applications and reach out if assistance becomes available.

Name: _____

Address at time of Flood: _____

City: _____ Zip: _____ County _____

Current Address: _____

City: _____ Zip: _____ County _____

Land Line: _____ Cell Phone: _____

Email address: _____

Preferred method of contact: Land Line Cell Phone Text Email

Please list everyone living in home at time of the disaster:

Name: _____ Head of Household

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Affected Property is: Primary Home Second/Vacation Home

Mobile Home Apartment Farm Recreational Vehicle

Business _____

Do you? _____ Own _____ Rent

Is the residence located in a Flood Plain? Yes _____ No _____

Do you have homeowner's Insurance? Yes _____ No _____

Do you have Flood Insurance? Yes _____ No _____

Did you apply to FEMA? Yes _____ No _____

No, may mean no FEMA declaration for this event

If yes, did you complete an application for a SBA Loan? Yes _____ No _____

Did you appeal to FEMA? Yes _____ No _____

Please include a copy of your FEMA letter of benefit or denial.

Please list any assistance you have received from other organizations or agencies:

Name of Organization/Agency	Amount Received	Purpose
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

What kind of assistance are you looking for? Please check all that apply.

_____ Transportation

_____ Furniture

_____ Health needs

_____ Temporary Housing

_____ Permanent Housing

_____ Business Assistance

_____ Repair to home

_____ Building Materials

_____ Help with Forms

_____ Someone to talk to

_____ Well repair

_____ Farm

Describe Specific Unmet Needs: _____

Have you obtained estimates for repairs or replacement? Yes _____ **No** _____

While your application and funding is not based on your income, we require verification of income in order determine if you qualify for other sources of funding that may have income stipulations. Please list for all wage earners in home:

Name	Wage	Social Security/SSI	Child Support	Unemployment	Other

Applicant Statement:

I agree that I am applying for assistance for disaster relief from the River to Ridge Disaster Resilience group. I understand that the information contained in this application and the Release of Confidential Information form will be utilized by the case manager and the committee to assist me with my disaster related unmet needs. I understand and provide consent to allow my name and contact information to be shared with other funding streams that I may be eligible. I understand that the assistance is not guaranteed and the final decision is made by the River to Ridge Disaster Resilience Group Board of Directors based on the availability of funds and the guidelines and priorities that have been adopted by said Board. My signature below signifies that I have read and understand this document and the services being provided.

Signature of Applicant: _____ Date _____

Signature of Co-Applicant: _____ Date _____



**Confidential Release of Information
River to Ridge Disaster Resilience**

I, _____, hereby authorize FEMA to release to the agency and person listed below any information regarding the disaster and any funds awarded in recovery from FEMA. The information will be used to prevent duplication of benefits. (Only applies if FEMA declaration is made for the event.)

I, _____, hereby authorize _____ (organization or agency) to verify any funds received by me from said organization or agency to the agency and person listed below. The information received will be used to prevent duplication of benefits.

I, _____, further request that _____ provides verification of income as requested by the agency and person listed below. That information is relevant and necessary for the purpose of providing assistance for my disaster related needs.

Name of agency and or person designated to release information to:

Case Manager
River to Ridge Disaster Resilience

Mailing Address: 1004 W. Broadway, Viroqua, WI 54665

Email: jen.schmitz@r2rdr.org OR _____

Website: www.R2RDR.org