



## APPLICATION FOR ASSISTANCE

Please fill out this form to request assistance from the Elmore County Disaster Relief Fund and return to either City of Wetumpka Administrative Building, mail to PO Box 24, Wetumpka, AL 36092 or email to [tornadorelief@cityofwetumpka.com](mailto:tornadorelief@cityofwetumpka.com).

The Elmore County Disaster Relief Fund Committee will contact you directly to discuss your situation.

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address Where Damage Occurred \_\_\_\_\_

Current Address \_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

Email \_\_\_\_\_

# Adults Living in Household \_\_\_\_\_ # Children Living in Household \_\_\_\_\_

Household Income \$ \_\_\_\_\_

Loss Covered by Insurance      Completely      Partially      Not Covered

Insurance Amount \$ \_\_\_\_\_

Name and Contact Information for Family Member/Friend We May Contact

\_\_\_\_\_

Briefly describe damage to your property

\_\_\_\_\_

\_\_\_\_\_

*(continue on reverse if needed)*

Did any members of your household incur injuries or loss of life? \_\_\_\_\_

What is your most immediate unmet need? \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### ELMORE COUNTY DISASTER RELIEF FUND COMMITTEE USE ONLY

Comments

Recommendations

Approved By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Signature

Date