



**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