

Hurricane Florence Relief

Application for Monetary Assistance

RCS received approximately \$80,000 in Donations for Hurricane Florence relief to go directly to the people impacted by the hurricane. This grant process will be complete when the donated funds are depleted.

Type of Assistance

Assistance is available to qualified applicants towards damage or loss to the primary residence that was damaged by the Hurricane Florence storm system in September 2018. Relief assistance is limited to a maximum of \$1000 per applicant per household per address. Application submission dates are October 10, 2018- December 31, 2018 or when funds have been depleted. Please note this assistance is for utility assistance only OR other expenses including vehicle purchase, rental, repair and or mileage are eligible for reimbursement under this program.

Eligibility/ Application Process

Application process will consist of:

- 1) Submission of application
- 2) Provide documentation requested below

Applications will be reviewed without knowledge of the identity of the applicant.

Confidentiality

All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. It will not be shared with other parties for any other purpose.

Disbursement of Funds

In order to provide for a reasonable and equitable distribution of funds, assistance will be provided on a first come, first serve basis upon completion of application process. All grants are contingent upon the availability of funds.

Attachment Checklist

Required for All Applicants

1. Photo ID
2. Proof of primary residence (Copy of utility bill with name and address)

Two of the Following is Required to Show Proof of Damage to your Primary Residence:

- a. Photos of Damage
- b. FEMA # Red Cross Letter
- c. Insurance Claim Letter
- d. DSS
- e. Contractor Estimate and proof of home ownership; Insurance documentation for home and vehicle

GENERAL INFORMATION

Please complete all information to be considered for assistance

| | | | |
|--|-------------------------------|--|------------------|
| Full Name: | | | |
| Email Address: | | | |
| Street Address of Damaged Property: | | | |
| Unit #: | | | |
| City: | | State: | Zip code: |
| Mobile Phone: | | Other Phone: | |
| Type of Property: | <input type="checkbox"/> Rent | <input type="checkbox"/> Utility Assistance Only: \$ _____ | |
| | <input type="checkbox"/> Own | <input type="checkbox"/> Other Assistance: \$ _____ | |

PROPERTY INFORMATION/DESCRIPTION OF LOSS**Describe damage/loss relating to your primary residence:****Total Cost of Damage:**

\$

Total Uninsured Loss to Primary Residence:

\$

If displaced from your primary residence, when do you expect to be able to return to your home?**Please detail any financial assistance you have received from other sources:**

| Provider | Description of Assistance | Amt Received |
|----------|---------------------------|--------------|
| | | \$ |
| | | \$ |
| | | \$ |

DECLARATION

By signing this application, I verify that all the information presented herein is true and correct to the best of my knowledge. I also provided all supplemental documents as required.

Print Name of Applicant:**Signature of Applicant:****Date:****For Religious Community Services Accounting Office Use Only:****Date Received:****Reviewed by:****Amount Approved/Processed for Grant Funding:**

\$

Special Notes:

Deliver in person, mail, or email application with supporting documentation to the below locations. You will be contacted by phone.

Religious Community Services

Attn: Hurricane Disaster Assistance

919 George St

New Bern, NC 28560

Phone: 252.633.2767

www.rcsnewbern.comdharr@rcsnewbern.com