

**Request for Assistance
Presbytery of Tropical Florida Disaster Relief**

Date: _____

Organization/ Individual Name: _____

Address: _____ **Phone** _____

City _____ **County** _____ **Zip** _____

Is the above address your primary residence? Yes / No Do you OWN / RENT?

Where are you living now? _____ Contact Phone: _____

Additional family/household members _____

This request comes as a result of _____

Describe nature and extent of damage _____

Do you have an estimated cost of damages Y / N \$ _____ By a contractor? _____

Name and contact number of contractor _____

Do you have insurance? Y / N Insurance Co. _____

Amount of deductible \$ _____ Total Payments by Insurance Co. \$ _____

Are you working? Y / N

Have you requested FEMA assistance? Y / N FEMA assistance received \$ _____

Total Financial Assistance requested \$ _____

Other assistance requested (i.e. food, housing, clothing, employment, etc.) _____

I CERTIFY that the above information is accurate and true to the best of my knowledge. I further understand that it is my/the organization's responsibility to keep complete and accurate records of how funds, goods or services provided by the Presbytery of Topical Florida have been utilized. It is also understood that any unutilized funds or goods shall be returned.

Signature: _____ **Date:** _____

For the Presbytery of Tropical Fl. _____ **Date:** _____

Though our goal is to help all in need, acceptance of this information by the Presbytery of Tropical Florida is not an assurance that funds, goods, or services will be provided.