

Tornado Relief Fund

Application for Assistance

Internal Use Only

Received: _____

Approved/Denied: _____

info@uwct.org

Program Requirements Checklist: ALL DOCUMENTS BELOW MUST BE TURNED IN BEFORE APPLICATION CAN BE REVIEWED. NO EXCEPTIONS.

All Applicants:

- Completed application
- Copy of Driver's License or State Identification Card or other Government issued Identification Card for all household members over age 18.
- For Utility Bill Assistance: Copy of current utility bill. Amounts due before the disaster are **not** eligible.
- For Insurance Deductible: Proof of insurance along with copy of the insurance Claim Loss sheet.
- For Insurance Deductible & Home Repair Assistance: Copy of invoice/bill for home repair (ex - plumber, electrician, construction company).
- For Rental Assistance/Mortgage Pymt: Provide a copy of the current Mortgage Statement or Rental Ledger from Landlord
- For Prescription/Medical Supplies: Provide prescription name, doctor's name and number and last place refilled successfully.
- For Vehicle Repair: Copy of invoice/bill and phone number to repair shop, copy of your insurance deductible statement from insurance provider.
- For Food/Food Supplies: Provide number of household members that live in the home. If renting, please provide your current lease.

Assistance Requested: Mortgage or Rent Assistance Home Deductible Assistance Uninsured Home Repair Assistance Prescriptions/ Medical Supplies

Utility Assistance Car Deductible Assistance Uninsured Car Repair Assistance Food/Food Supplies

PERSONAL INFORMATION

Applicant Name: _____ Co-Applicant Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Alternate Email: _____ Alternate Phone: _____

of people in household: _____ Ages: _____

How did you hear about the UWCT Tornado Relief Fund? _____

HOUSEHOLD MEMBERS

Name	Relation to Applicant	Date of Birth	Age	Gender	Ethnicity-Hispanic (Y/N)	Race-select # below*

***Race - select one (1) and place number in section above.**
11 - White; **12** - Black/African American; **13** - Asian; **14** - American Indian/Alaska Native; **15** - Native Hawaiian/Other Pacific Islander; **16** - American Indian/Alaska Native & White; **17** - Asian & White; **18** - Black/African American & White; **19** - American Indian/Alaska Native & Black/African American; **20** - Other Multi-Racial

RENT & MORTGAGE ASSISTANCE REQUEST

Include copy of Mortgage Statement or Ledger Statement from Landlord.

Mortgage Company/ Rental Property Name: _____

Billing Address: _____

Phone: _____

Email: _____

Name(s) on Bill: _____

May 2024 Amount: _____ June 2024 Amount: _____ Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

UTILITY-ELECTRIC ASSISTANCE REQUEST

(Gas, Water, or Electric) Include copy of a current utility bill. Amounts due before the disaster are not eligible.

Utility Name: _____

Billing Address: _____

Phone: _____

Email: _____

Name(s) on Bill: _____

May 2024 Amount: _____ June 2024 Amount: _____ Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

UTILITY - WATER ASSISTANCE REQUEST

(Gas, Water, or Electric) Include copy of a current utility bill. Amounts due before the disaster are not eligible.

Utility Name: _____

Billing Address: _____

Phone: _____

Email: _____

Name(s) on Bill: _____

May 2024 Amount: _____ June 2024 Amount: _____ Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

UTILITY - GAS ASSISTANCE REQUEST

(Gas, Water, or Electric) Include copy of a current utility bill. Amounts due before the disaster are not eligible.

Utility Name: _____

Billing Address: _____

Phone: _____

Email: _____

Name(s) on Bill: _____

May 2024 Amount: _____ June 2024 Amount: _____ Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

DEDUCTIBLE ASSISTANCE REQUEST

Include copy of Insurance Policy including deductible along with any invoices for repairs.

Home Insurance Company: _____

Billing Address: _____

Phone: _____

Email: _____

Name(s) on Policy: _____

Monthly Premium: _____ Insurance Deductable: _____

Do you have a bill or invoice for home repair that are not covered by insurance? If yes, type of repair needed and repair company information: _____

Repair Bill Amount: _____ Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

Car Insurance Company: _____

Billing Address: _____

Phone: _____

Email: _____

Name(s) on Policy: _____

Monthly Payment: _____

Insurance Deductable: _____

Do you have a bill/ invoice for car repair not covered by insurance? If yes, type of repair needed and repair company information: _____

Repair Bill Amount: _____

Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

UNINSURED REPAIR ASSISTANCE REQUEST

Only fill out this section if your home insurance and FEMA have denied your claim. Please submit the denial letters and include copy of invoices for home repairs.

Home Repair Company: _____

Billing Address: _____

Phone: _____

Email: _____

Repair Bill Amount: _____

Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

Body Shop Name: _____

Billing Address: _____

Phone: _____

Email: _____

Repair Bill Amount: _____

Amount Past Due: _____

Are you able to make a partial payment? If yes, how much: _____

OTHER ASSISTANCE REQUEST

Request for other assistance will be

Prescription/Medical Supplies:

Doctor Name: _____

Doctor Office Address: _____

Phone: _____

Pharmacy: _____

RX: _____

Are you able to make a partial payment? If yes, how much: _____

Food Assistance:

Did you lose food due to the storm? _____

Have you already received services for this request? _____

If yes, from what organization? _____

Phone: _____

The Tornado has affected my household in the following way:

Describe the need for assistance and how change text box the household has been affected by Tornado (May 22, 2024)

I hereby certify that the information and statements made on this form and all information furnished in support of the application for assistance are true and correct to the best of my belief and knowledge. I agree to give United Way of Central Texas any information necessary to prove statements about my eligibility. I furthermore give United Way of Central Texas permission to contact my insurance provider and/or home repair company(s) to verify information I have provided to establish my eligibility. I understand that this application will be considered without regard to race, color, religion, creed, national origin, or political belief. I understand that eligibility is dependent on the availability of funding. I also acknowledge that not all requests may be approved. I understand if granted assistance, it is a ONE TIME ONLY ASSISTANCE.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____