

Application for Disaster Cash Assistance

Use black ink only.

Instructions: Complete this application to the best of your knowledge. If your household knows but refuses to give any requested information, you won't be eligible for cash assistance. You must have an interview to receive cash assistance. When you are interviewed, you:

- Must show proof of identity.
- Must show proof that you lived in the disaster area at the time of the disaster.
- May have to show proof of the information you provide.

STATE USE ONLY DATE RECEIVED

CLIENT ACES ID
WORKER ACES ID

HEAD OF HOUSEHOLD	STATE USE ONLY VERIFIED	AUTHORIZED REPRESENTATIVE(S)
PERMANENT HOME ADDRESS AND PHONE NUMBER	STATE USE ONLY VERIFIED	MAILING ADDRESS AND MESSAGE PHONE NUMBER

Part A. Household Situation

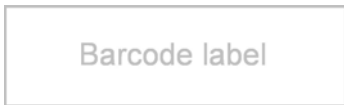
1. Was your household living in the disaster area at the time of the disaster? Yes No
2. Are you receiving any cash assistance such as TANF? Yes No

If yes, where? State: _____ County: _____ Date last received: _____

Part B. Household Members. Use page 2 spaces or attach another sheet of paper if you need more space for names.

If you are temporarily staying with another household because of the disaster, don't list members of that household. List the members of your household, including yourself, who were affected by the disaster who are living with you. List each household member's social security number and date of birth. List any income your household members have received or expect to receive this month. The Social Security Number will be used to identify your household members and be used for computer matching, program reviews or audits.

NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	BIRTH DATE	DOES THIS PERSON HAVE INCOME THIS MONTH?		WHAT KIND OF INCOME? (EXAMPLES: JOB, SSI, RETIREMENT)
				YES	NO	
	Self			<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	



NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	BIRTH DATE	DOES THIS PERSON HAVE INCOME THIS MONTH?		WHAT KIND OF INCOME? (EXAMPLES: JOB, SSI, RETIREMENT)
				YES	NO	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Part C. Expected Income List the amount of all income our household has received during this month.			Part F. Financial Losses List all your financial losses due to the disaster.		
		Amount			Amount
1. Gross earned income expected for the month (before deductions such as taxes)	\$		1. Moving and storage costs due to disaster	\$	
2. Unearned income expected for the month (such as child support, unemployment benefits, social security, retirement)	\$		2. Cost to protect property during disaster	\$	
Total income (add 1 and 2 above)	\$		3. Cost to repair or replace items for home or self-employment property	\$	
Part D. Resources List all your available resources.			4. Other disaster-related expenses (1)		
		Amount			Amount
1. Cash on hand	\$		5. Other disaster-related expenses (2)	\$	
2. Accessible checking accounts	\$		6. Other disaster-related expenses (3)	\$	
3. Accessible savings accounts	\$		7. Other disaster-related expenses (4)	\$	
4. Other:	\$		Total losses (add 1 – 7 above)	\$	
Total resources (add 1 – 4 above)	\$		EXPLAIN ANY LOSSES LISTED AS OTHER IN PART F. FINANCIAL LOSSES (4 THROUGH 7)		
Part E. Help Requested List the expenses that your household is asking for help with during this disaster. Don't include expenses that were paid or will be paid by someone outside our household such as your insurance company.					
		Amount			
1. Food destroyed in disaster	\$				
2. Shelter	\$				
3. Utilities	\$				
4. Clothing	\$				
5. Medical expenses due to disaster	\$				
6. Household maintenance	\$				
7. Job-related transportation or clothing	\$				
8. Transportation of a child	\$				

Part H. Penalty Warning

I understand the questions on this application. I understand that if I provide false answers, I may be criminally prosecuted for fraud and may be required to pay back the money I received. I certify, under penalty of perjury, that the information I gave is correct and complete to the best of my knowledge. I authorize the release of any information necessary to determine if I correctly received my benefits. I understand that if I disagree with any action taken on my case, I have the right to request an administrative hearing.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE