



FINANCIAL ASSISTANCE

A. Member applicant information

MEMBER APPLICANT NAME				
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL ADDRES	S	
B. Employment inf	ormation			
OCCUPATION		Currently employed □ Yes □	□ No If yes: □ Full time □	☐ Part time
CURRENT EMPLOYER NAME		EMPLOYMENT START DATE		
CURRENT EMPLOYER ADDRESS		CITY	STATE	ZIP
C. Details regardin	g financial need			
DISASTER DATE	DISASTER TYPE			
Please provide a brief descr	iption of how you have bee	en impacted.		
PERSONAL				

BUSINESS/WORK RELATED

D. Other assistance									
Do you have supplemental insurance for disasters? Yes No If yes, specify below. (Natural disaster, flood, earthquake, sinkhole, region-specific, umbrella, other)									
(Natural dibabtol, 1100d, baltinquako, bilikilolo, logioli opobilio, dilibiolia, baltin)									
Indicate below if you have applied for and been granted other assistance by:									
	REQUESTED	IF YES, STATU	JS OF REQUEST						
FEMA	☐ Yes ☐ No	☐ Denied	☐ Pending	☐ Granted/Amount received \$					
Red Cross	☐ Yes ☐ No	☐ Denied	☐ Pending	☐ Granted/Amount received \$					
SBA	☐ Yes ☐ No	☐ Denied	☐ Pending	☐ Granted/Amount received \$					
Other assistance (i.e., local city/sta	☐ Yes ☐ No ate assistance)	□ Denied	☐ Pending	☐ Granted/Amount received \$	\ _\N/A				
Comments on status of pending assistance, insurance or otherwise:									

By signing below, I verify that the above information is accurate. $\label{eq:control} % \begin{center} \begin$

SIGNATURE DATE

Submit application by email to <code>jlandsman@ncra.org</code>.

Questions? Contact Jill Parker Landsman, Foundation Manager, at *jlandsman@ncra.org* or 703-584-9052.



12030 Sunrise Valley Drive, Suite 400, Reston, VA 20191 **NCRA.org/Foundation**