



# Natural Disaster Relief Fund

Assisting court reporters and captioners

NCRF

## APPLICATION FOR FINANCIAL ASSISTANCE

N.B. Applications must be received within 24 months of the natural disaster. The disaster date would be recorded in newspaper accounts, and the applicant must apply within two years.

### A. Member applicant information

MEMBER APPLICANT NAME

STREET ADDRESS

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

### B. Employment information

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 regarding financial need

DISASTER DATE

DISASTER TYPE

Please provide a brief description of how you have been 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)

Indicate below if you have applied for and been granted other assistance by:

	REQUESTED	IF YES, STATUS OF REQUEST			
FEMA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Granted/Amount received \$_____	<input type="checkbox"/> N/A
Red Cross	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Granted/Amount received \$_____	<input type="checkbox"/> N/A
SBA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Granted/Amount received \$_____	<input type="checkbox"/> N/A
Other assistance (i.e., local city/state assistance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Granted/Amount received \$_____	<input type="checkbox"/> N/A

Comments on status of pending assistance, insurance or otherwise:

By signing below, I verify that the above information is accurate.

SIGNATURE

DATE

Submit application by email to [jlandsman@ncra.org](mailto:jlandsman@ncra.org).

**Questions?** Contact Jill Parker Landsman, Foundation Manager, at [jlandsman@ncra.org](mailto:jlandsman@ncra.org) or 703-584-9052.



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