

The MARK Project, Inc.

PO Box 516, Arkville, NY 12406

phone (845)586-3500

fax (845)586-3599

web www.markproject.org

Flood Relief and Recovery Application Form

Applicant name: _____ Social Security # _____

Co-Applicant: _____ Social Security # _____

Phone where you can be reached: _____ Alternate Phone: _____ best time to call ____am/pm

Please answer the following questions to the best of your knowledge

Have you been displaced? _____ If yes, Temporary Semi Permanent (up to 6 months) Permanent

If Yes, did you own the residence from which you were displaced? _____ Enter 911 address of that residence below:

Mailing address: _____, _____ NY _____

Has the residence been inspected by the code enforcement officer? _____ If yes, was it posted? _____

Have you applied for FEMA Flood Relief? _____ If so, have you received funds? _____ How much? _____

Do you have flood insurance? _____ If so, what is your deductible? _____

Are you currently or have you ever received public assistance (rent subsidy, food stamps, HEAP etc) _____

If yes, when: _____ From whom: _____ Amount: \$ _____

when: _____ From whom: _____ Amount: \$ _____

How many people in your household? _____ What was your 2010 household income? _____

What is the total of your monthly household bills (please include loan or debt payments) _____

Are you or anyone in your household a senior citizen? _____ Physically Handicapped/Disabled: _____

What kind of help do you need? *Please check all that apply.*

Housing Assistance with Utilities Clean-Up Living Expenses (food, transportation) Employment

Repair to damages Completing FEMA & County Agency Applications Other _____

I/We, certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. False statements made by the applicant(s) will result in rejection of the grant application. I/We understand that MARK Project, Inc. will verify all information listed on this application and hereby authorize all agencies, individuals, employees, and financial sources to release all information requested by MARK Project.

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date: _____

For MARK use only:

Property Information: SWIS # _____ Tax Map # _____

Application Completion Date: _____

2011 Flood Relief Application Form