



# Monroe County Disaster Recovery Committee

## *Disaster Assistance Funds Request Form*

### Personal Information

Full Name:

Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Date of Birth:

### Household Information

Number of Dependents:

Total Household Income:

### Disaster Details

Type of Disaster:

Date of Disaster:

Affected Property Address:

Insurance Information:

## Financial Impact

Description of Financial Loss:

Requested Amount of Assistance:

**(Funds may be limited to the amount available and will be shared as equally as possible)**

## Income Information

Please provide the following details regarding your income:

• Employment Status:

• Employer Name (if employed):

• Monthly Income (if employed):

### Supporting Documents

Please attach the following documents to support your request:

- Photo ID (e.g., Driver's License, Passport)
- Proof of Residence (e.g., utility bill, lease agreement)
- Documentation of the disaster impact (e.g., photos, news articles)
- Insurance documentation (if applicable)
- Proof of Income (e.g., pay stubs, tax returns)
- Any other relevant documents

## Declaration

I, \_\_\_\_\_, declare that the information provided in this form is true and accurate to the best of my knowledge. **I understand that providing false information may result in the denial of assistance and could result in criminal prosecution for theft by deception in violation of R.C. 2913.02**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Official Use (3) Committee  
Signature's

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