



Hurricane Michael Disaster Relief Fund

Application Hurricane Michael Relief \$1,000 Grant

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Are you a citizen of Lynn Haven? YES NO

Are you rebuilding your home? YES NO

If not, what City or area do you plan on living? _____

What is your total household income? \$ _____

How many dependents including yourself live in the home? _____

Is this a business? YES NO

If yes, please complete the following information.

Name: _____

Address: _____
Street Address

For Official Use Only

<i>Insurance Documentation Provided</i>	Yes	No
<i>FEMA Documentation Provided</i>	Yes	No
<i>Meets all Criteria for Grant</i>	Yes	No

Missing Information:

Insurance

Do you have Insurance? (Circle One) Yes No

Have you settled with your Insurance? (Circle One) Yes No

How much was the settlement from Insurance? \$ _____

How much was your deductible? (If Applicable) \$ _____

Note: We will need a copy of your declaration settlement and/or policy.

Insurance Information:

Company: _____ Phone: _____
 Address: _____ Policy #: _____

FEMA

Do you receive any funds from FEMA? (Circle One) Yes No

How much did you receive from FEMA? \$ _____

Check here if you did not file for FEMA assistance

Note: We will need a copy of your declaration from FEMA if you received funding or denial letter.

Disclaimer, Image Release and Signature

I hereby irrevocably consent to and authorize the use by the City of Lynn Haven, a Florida municipality, (the "City") of any and all photographs, video, voice recordings, or other media taken of me including derivative works thereof (collectively, the "Images"), and any reproduction of them in any form in any media whatsoever, whether now known or hereafter created, throughout the world in perpetuity. I also consent to the use of my name or likeness, or an assigned fictitious name, in connection with the exhibition, distribution, merchandising, advertising, exploiting and/or publicizing of Images or City.

Furthermore, I certify that my answers are true and complete to the best of my knowledge. I understand my application will not be processed until I turn in all documents to the City of Lynn Haven.

If this application leads to my household receiving a grant and I intentionally gave false or misleading information. I will be required to repay the grant and/or be subject to prosecution.

Signature: _____ Date: _____