DISASTER RELIEF FUND GRANT APPLICATION Full Legal Name of Applicant_____ Address that pertains to grant application _____ Current Mailing Address (Only if displaced) Email: Day Phone: _____ Amount requested for direct purchase by the board, or reimbursement to the applicant (receipt needed): What is needed (to replace or repair) Why it is needed Additional comments Signed______, Applicant Office Use Only Attach: Photocopy of applicant's government-issued identification including street address Photocopy of proof of residence (such as bank statement, bill, or pay stub with Nebraska address) For Reimbursements: Photocopy of an itemized receipt

DISASTER RELIEF FUND GRANT APPLICATION CONT. Do you own or rent your home? Own Rent Do you need assistance with rent and/or utilities? Yes No Are you in need of any of these items? Clothing Food Medication Personal hygiene Cleaning supplies Dehumidifier Water heater Appliances (If so please list): Do any of these items need inspection/repair? Furnace Air conditioner Septic Tank Well Did your primary car have water damage? Yes No Do you need a car seat? Yes No Is/Was a person in your home unable to go to work due to flooding? Yes No Are you a veteran who was active duty or deployed? Yes No Did you have animal loss on your farm? Yes No Do you have a home business that received damage? Yes No Do you have children in your home ages 0-18 years? Yes No Estimated total flood-related damages: \$ Household size * Household income level 1 person Less than \$25,000 2 people \$25,000 - \$34,000 3 people \$34,000 - \$42,500 \$42,500 - \$51,500 4 people 5 people \$51,500 - \$60,350 \$60,350 - \$69,200 6 people 7 people \$69,200 - \$78,000 \$78,000 - \$86,850 8 people Over \$86,850

____I choose to opt out of sharing my household income and I understand by not providing this information that I may not qualify for certain funding/assistance that is based on income.

^{*}For families with more than 8 persons, add \$8,840 for each person per year (about \$736 per month) *