

**Middletown Disaster Relief Fund /New Monmouth Baptist Church
MDRF/NMBC**

Disaster Relief Application
Middletown Township Residents Only

RESIDENT INFORMATION

PERSONAL INFORMATION

Last Name: _____
First Name: _____ **M. I.** _____
Date of Birth: _____
Address: _____

Contact Phone: _____
Cell Phone: _____
Back-up Contact Phone: _____
Occupation: _____
Place of Employment _____

SPOUSE INFORMATION

Last Name: _____
First Name: _____ **M. I.** _____
Date of Birth: _____
Cell Phone: _____
Occupation: _____
Place of Employment _____

CHILDREN LIVING AT HOME

Name: _____
Date of Birth: _____
School: _____ Current Grade _____
Name: _____
Date of Birth: _____
School: _____ Current Grade _____
Name: _____
Date of Birth: _____
School: _____ Current Grade _____
Name: _____
Date of Birth: _____
School: _____ Current Grade _____
Name: _____
Date of Birth: _____
School: _____ Current Grade _____

RESIDENCE INFORMATION

Describe damage to your home and contents: _____

Is your home able to be repaired? _____

Are any contents, including appliances, need replacing? _____

What are your current living conditions? _____

What are your current housing needs? _____

OTHER NEEDS

Describe any losses and/or needs not otherwise addressed _____

Are you in need of cleanup or demolition work, describe? _____

INSURANCE INFORMATION

Flood Insurance? Contents only? _____

Any deductibles or policy limits? _____

Insurance Company: _____

Amount received for house insurance (**provide documentation**): _____

Amount received for contents insurance (**provide documentation**): _____

Have you been in contact with the insurance company? _____

Are they meeting your needs? Explain. _____

When do you expect to receive insurance proceeds? _____

Total amount recovered and/or expected to be recovered from insurance: _____

FINANCIAL INFORMATION

Income:

Your income from all sources: _____

Spouse's income from all sources: _____

Assets:

Available Cash: _____

Would disposal of any of your assets to cover your losses cause further personal hardship? Explain. _____

Other Assistance:

Have you applied for and/or received assistance from any other sources (e.g., other charitable organizations or relief agencies, other insurance policies, etc.)? If so, please describe. _____

Financial Obligations:

Please describe any and all ongoing financial obligations and expenses that you and your family have (ex: mortgage or car payments). _____

UNINSURED LOSSES

Please **provide dollar amount not covered and documentation** along with description of losses not covered by insurance.

CERTIFICATION

By my signature below, I attest under penalty of law (i) all of the foregoing information is true and correct to the best of my knowledge; (ii) I will notify MDRF/NMBC of any material changes to such information prior to receiving a grant from MDRF/NMBC; and (iii) I will comply with the terms and conditions of any disaster relief assistance that may be granted to me by MDRF/NMBC

Signature _____

Print Name _____

Date _____

In order for this request to be processed a copy of your 2012 tax return income page (page showing total taxable income) must accompany this disaster relief application. If not available, please provide documentation of all income received (ie., W-2, 1098)

Mail application to:

Middletown Disaster Relief Fund, PO Box 4068, Middletown, NJ 07748

Or

New Monmouth Baptist Church, 4 Cherry Tree Farm Road, Middletown, NJ 07748

For more information contact:

Middletownrelief@gmail.com

Or

Sandyreliefinfo@nmbchurch.org