

**REQUEST FOR FLOOD DISASTER FUNDING APPLICATION****Application Deadline: July 27, 2018 @ 3:30 p.m.****Upon processing and approval of the application, it will be necessary for a licensed contractor(s) and/or a building inspector to access your property for a damage assessment for estimate of repairs.****APPLICATION SUBMISSION**

Return completed applications to:

Portage Health Foundation                      P: 906.523.5920  
400 Quincy St., PO Box 299                      F: 906.523.5925  
Hancock, MI 49930                                  E: info@phfgive.org (as a PDF)

We consider applicants regardless of race, color, religion, sex, national origin, age, marital or veteran status.

***Submission of an application is not an implied guarantee of funding.*****APPLICANT INFORMATION**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*Contact Information: \_\_\_\_\_  
*Telephone E-mail*Is this your primary residence:  Yes  NoType of Dwelling:  Single Family  Mobile Home  Multi-FamilyDwelling Ownership:  Own  Rent  Land Contract Landlord name \_\_\_\_\_Type of Dwelling:  Single Family  Mobile Home  Multi-FamilyCan you currently occupy your home:  Yes  No

What is your most immediate need: \_\_\_\_\_

Ages of people who reside in the home: \_\_\_\_\_ Ages 0-5    \_\_\_\_\_ Ages 6-12    \_\_\_\_\_ Ages 13-17    \_\_\_\_\_ Ages 18-24  
\_\_\_\_\_ Ages 25-34    \_\_\_\_\_ Ages 35-54    \_\_\_\_\_ Ages 55-64    \_\_\_\_\_ Ages 65+

Annual Household Income: \$ \_\_\_\_\_

Do you have a mortgage on this property:  Yes  No If yes, who is the lienholder: \_\_\_\_\_Did you report your home damage to 211:  Yes  NoHave you filed an insurance claim:  Yes  No

Have you received an insurance denial:  Yes  No If yes, please include a copy

Have you filed for flood relief money:  Yes  No if yes, please list who you have filed with: \_\_\_\_\_

Have you received flood relief money from any other source(s):  Yes  No

If yes, please indicate source(s): \_\_\_\_\_

**Homeowner Disclosure:**

Are you aware of any substances, materials, or products that may be an environmental hazard such as, but not limited to, asbestos, radon gas, formaldehyde, lead-based paint, fuel or chemical storage tanks and contaminated soil on the property:  Yes  No  Unknown If yes, please explain: \_\_\_\_\_

Have you already begun remediation flood related repairs:  Yes  No If yes, was work done with the necessary permits and approvals in compliance with building codes and zoning regulations:  Yes  No  
Name of contractor: \_\_\_\_\_

Is drinking water source:  Public or  Private

Is sewer system:  Public or  Private

**FLOOD DAMAGE INFORMATION**

Please describe type of damage incurred to your home/property. Attach any pictures that you have of the damage and copies of receipts for flood damage clean-up or repairs. (use additional sheets as necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List specific appliances needing to be replaced:  Furnace  Hot Water Heater  
 Washer  Dryer  Other \_\_\_\_\_

What is your primary source of heat:  Natural Gas  Propane  Electric  Other \_\_\_\_\_

Please list additional significant non-home losses: \_\_\_\_\_  
\_\_\_\_\_

The applicant shall indemnify and hold Portage Health Foundation harmless from all liability resulting from the acts or omissions of any contractor or subcontractor in the course of flood damage repairs.

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

Signature: \_\_\_\_\_

Date \_\_\_\_\_