

## Hometown Care Project

### APPLICATION FOR FINANCIAL ASSISTANCE for DISASTER RELIEF

*Eligibility criteria for \$500 assistance award:*

- *City/town/village must be member of NC League of Municipalities.*
- *Applicant must be a current municipal employee.*
- *Completed application must include documentation that applicant suffered a significant uninsured loss in a disaster event, such as loss of or major damage to home, vehicle, etc.*
- *Loss must have occurred in a disaster area declared by NC Governor, FEMA, or other authority.*
- *Coordinator for the municipality must sign off on and submit applications.*
- *Applications will be reviewed in the order in which they are received.*
- *Confidentiality of the application materials will be maintained to the fullest extent allowed by law.*

#### APPLICANT INFORMATION

<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Phone:</b>	<b>Other Phone:</b>	<b>E-mail:</b>

**Municipal Position Held:**

#### APPLICANT MAILING ADDRESS

**Address:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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#### CONTACT INFORMATION FOR NEXT THIRTY (30) OR MORE DAYS (if different from above)

**Address:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>E-mail:</b>	<b>Phone:</b>	

#### MUNICIPAL EMPLOYMENT INFORMATION

**Employer Name:**

**Employer Address:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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#### NEEDS ASSESSMENT – ADD ADDITIONAL PAGES IF NEEDED

**Name of disaster event and date of damage:**

**Please describe in detail the loss from damage to home, vehicle, personal property, etc. Attach any available photos that show extent of loss.**

If loss is to home, please indicate address and attach proof of residence at that address (such as utility bill, tax bill, insurance bill, mortgage agreement):

Do you have a repair estimate? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please include copy of estimate.)

Do you have insurance coverage applicable to this loss? Yes \_\_\_\_\_ No \_\_\_\_\_ (If Yes, please list type of coverage--such as homeowners, flood, rental, vehicle--and indicate provider's name and the amount of deductible you will be responsible for).

Provide any additional comments or other support for your application.

**I hereby certify to the best of my knowledge that the information provided in this application is true, correct, and complete. By submitting this application, I confirm that my losses and insurance status are as described.**

\_\_\_\_\_  
Applicant Name (Please print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Note: Applications meeting the criteria will be reviewed in the order in which they are received.**

**For Program Coordinator Processing Only**

**As Municipal Program Coordinator I hereby certify that the information provided with regard to employment status is correct. By my signature I confirm that I have reviewed the application for completeness and appropriate documentation and I recommend that the applicant be considered for a Hometown Care grant.**

\_\_\_\_\_  
Program Coordinator Name (Please print)

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

**Note: Only submit applicants that are recommended for award.**

Scan and return completed application and documents via email to: [HometownCare@nclm.org](mailto:HometownCare@nclm.org)

Direct questions to:

Shelley Craddock  
[mcraddock@nclm.org](mailto:mcraddock@nclm.org) | 919-715-0979

Michael Naylor  
[mnaylor@nclm.org](mailto:mnaylor@nclm.org) | 919-715-3915

Mail paper copy (if application cannot be returned electronically) to the following address:

Hometown Care  
150 Fayetteville Street, Suite 300  
Raleigh, NC 27601