

**Please complete application, print and sign. Mail application to:
OTCF / PO Box 1344 / Scottsbluff, NE 69363-1344**

DISASTER RELIEF FUND GRANT APPLICATION

Date: _____

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

4 people

\$42,500 - \$51,500

5 people

\$51,500 - \$60,350

6 people

\$60,350 - \$69,200

7 people

\$69,200 - \$78,000

8 people

\$78,000 - \$86,850

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) *