HOUSEHOLD/BUSINESS APPLICATION

PROOF OF INCOME: A COPY OF THE FOLLOWING MUST BE PROVIDED:

1. Federal Tax Return (most recent)
2. Current Pay Stub (responsible party and spouse)
3. If self employed please provide the last two (2) complete Federal Tax Returns with profit and loss reports.

Personal Information	
Name:	Total Annual Household Income:
Date of Birth: SSN: -- --	Phone: -- -- Cell: -- --
Damaged Address:	
City: Missouri Valley State: Iowa	ZIP Code: 51555
Own Rent (Please Circle) Insurance Company:	Insurance Phone:
Current Address if different from above: City:	State/Zip Code:

Housing Type (Circle one):

House   Mobile Home   2, 3, 4 Unit Appt.   5 or more Appt.

If you rent, landlord information:

Name:

Address: Phone:

Number of adults in home: _____   Number of children in home: _____

Relief / Recovery Information	

Reason for loss:

Flood   Tornado   Windstorm   Earthquake   Other (Please explain with additional sheet)

Structural Damage Cost to repair:	Kitchen Loss:
Bed Furniture:	Clothing:
HVAC:	Water Heater:
Dehumidifier:	Sump Pump:
Electrical:	Other:
TOTAL REQUESTED:	Applicant Signature/Date
Note: Both spouses must sign (if applicable)	Applicant Signature/Date

Financial Need Worksheet

ASSETS	LIABILITIES AND NET WORTH
Cash on hand (including checking): $_____	Bank Loans: $_____ Bank Loans: $_____ Bank Loans: $_____
	Total Credit Cards: $_____
Savings: $_____	Home Mortgage: $_____
Stocks/bonds/retirement funds: $_____	Medical Bills: $_____
Home: Estimated market value: $ _____	Other Liabilities: $_____
Vehicles: Model: _____ Year: _____ Value: $ _____ Model: _____ Year: _____ Value: $_____	Other Liabilities: $_____ Other Liabilities: $_____ Other Liabilities: $_____
Other Assets: $_____ Other Assets: $_____ Other Assets: $_____	
Total Assets: $_____	Total Liabilities: $_____
NET WORTH (Assets – Liabilities): $ _____	

FIXED MONTHLY EXPENSES	
House Payment/Rent:	$_____
Utilities:	$_____
Telephone (Land Line):	$_____
Telephone (Mobile):	$_____
Cable/Satellite TV:	$_____
Prescription Drugs:	$_____
Insurance:	$_____
Groceries:	$_____
Child Care:	$_____
Child Support:	$_____
Other:	$_____
Other:	$_____
Other:	$_____
TOTAL MONTHLY EXPENSES: $_____	