



Disaster Recovery Fund Application

Name: _____

Phone Number: _____.

Address: _____

Email Address: _____.

KUMC Member: Yes or No _____

Own or Rent Home: _____. How long at residence: _____.

Please state your current or ongoing needs as they relate to the flooding:

Have you received aid from any other church, social agency, non-profit or business for Disaster relief? If so, from whom and how much?

I certify that the information I have provided is true and correct to the best of my knowledge. I consent to the use and or release of information contained in this application to verify loss and/or need.

Applicant Signature:

Date:

****Documentation may be required to verify address and proof of loss**