



Community *Action* Partners

Serving all of Tarrant County

DISASTER RELIEF APPLICATION

Applicant Name			
Address			
Phone		Mobile Phone	
Email			
Do you:	<input type="checkbox"/> Own or <input type="checkbox"/> Rent		
Are you currently unable to live in your Residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, are you currently staying with: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel	

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other persons who live in the unit. Complete the following:

List All Household Members	Date of Birth	Age	Sex	Disabled	Race

Obtain a Declaration of Income Statement (DIS) for all household members 18 years of age or older.

CERTIFICATION SECTION

I certify that the information provided on this application is true and correct to the best of my knowledge and belief. (Applicants MUST sign and date this section)

Applicant Signature

Date

Agency Signature

Date

Indicate funds used to pay for assistance. Check all that apply:

LIHEAP CSBG Other _____

MAIL TO: Community Action Partners- Disaster Assistance, PO BOX 6519, Fort Worth, TX 76115

For information: 817-392-7425