

**NORTH CAROLINA DISASTER RECOVERY ACT
PROPERTY OWNER APPLICATION FOR ASSISTANCE**

For Jurisdiction Use Only	
Application Number:	
Application Received By:	Date/Time Application Received:

Applicant applies to the following Disaster Assistance Program(s) (check all assistance requested):

- Acquisition** or “Buy-Out” (voluntary purchase of home to the State or County)
- Elevation** above floodplain elevation or flooding in home, if allowed by code or ordinance
- Rehabilitation** or “Repair” (home suffered minor to moderate damage)
- Reconstruction** or “demolition and rebuild” (home suffered severe damage)
- Reimbursement** of eligible costs for repairing storm damage to home and/or elevating home
- Flood Insurance Assistance**

Disclaimer: The submission of an application to any program does not guarantee that you will be approved for housing recovery assistance.

Owner Information

1. Name of Applicant: _____
(Applicant should be an owner of the damaged home and who is the primary wage earner of the home whose income will be used to determine eligibility for assistance)

2. Names of all other Co-Applicants: _____
(all co-owners of the damaged home should jointly apply for assistance by completing this application together)

3. Names of all landowners, if different from the Applicant (and Co-Applicants) who own the home:

4. Street Address (including city, state, and zip code) or Physical/Legal Location of the damaged home:

5. Mailing Address (if different from street address):

6. Applicant's Telephone Phone Number(s): _____

7. Co-Applicant's Telephone Number(s): _____

8. Are you a citizen of the United States? Yes No

a. If no, are you a non-citizen national of the United States? Yes No

b. Are you a qualified alien of the United States? Yes No

(Notice: You may have to provide proof of identity documentation at of entering into a contract for a disaster recovery contract for your home.)

Household Information

1. Applicant's Race: White Black American Indian Hispanic Other _____

2. Applicant's Age: _____ Gender: _____

3. Co-Applicant's Race: White Black American Indian Hispanic Other _____

4. Co-Applicant's Age: _____ Gender: _____

5. Other Members of Applicant's Household who were living in the home at time of disaster:

	Name	Relationship to Head of Household	Age	Disability (Y/N)	Veteran of U.S. Armed Forces (List Branch)
1					
2					
3					
4					
5					
6					
7					

Previous Disaster Assistance & Current Insurance Information

9. Have you applied for Federal Emergency Management Assistance in the last five (5) years?
Yes No

a. If Yes, describe the actual or approximate amount of assistance provided: \$ _____

10. Did you have flood insurance on the home at the time of loss? Yes No

a. Was your home determined to be substantially damaged by local officials? Yes No

b. Flood Insurance Agent/Company: _____

c. Policy Number: _____

d. What is the estimated or actual claim amount provided to this your insurance company?

Did you receive any money from the above insurer for your claim? Yes No

How much of the claim was paid by insurer? \$ _____

e. Homeowner's Insurance Agent/Company: _____

f. Policy Number: _____

g. What is the estimated or actual claim amount provided to this insurance company?

h. Did you receive any money from the above insurer for your claim? Yes No

How much of the claim was paid by insurer? \$ _____

11. Have you participated or applied for assistance in other federal or state housing repair or recovery assistance programs? Yes No

If Yes, describe what the program was and whether you were provided an award?

3. If this application involves a manufactured/mobile home (“M-Home”), provide the following information:
- a. Who owns the M-Home? _____
 - b. Who owns the land or the lot the M-Home rests on? _____
 - c. If the M-Home is located in a mobile home park, please provide name of the park and the name of the park’s owner (if known) _____

Damage to Home from Hurricane Matthew

Briefly describe the storm damage to your home (e.g., wind, flooding (inches of water in home), tree or other debris impacting home, etc.), and include descriptions of damage in specific rooms or systems in home (HVAC, electric, ducts, etc.).

ACKNOWLEDGEMENTS & CERTIFICATIONS

By signing this Application, that Applicant and any Co-Applicant, acknowledge that all information provided in this Application is true and correct to the best of my/our knowledge. Applicant and each Co-Applicant acknowledge that the County and/or State are not obligated to provide any disaster recovery assistance to the Applicant or any Co-Applicant by virtue of the submission of this Application to the County or State. The Applicant and each Co-Applicant understands and acknowledges that any disaster recovery assistance that may be provided are contingent on the availability of State funding and that there are funding limits applicable to each disaster recovery program.

I further understand that, in order to receive assistance, that I may be required to acquire and maintain flood insurance on my dwelling unit, if it is located in the 100-year floodplain.

Under penalty of law, by signing below I certify and confirm that the information contained in this waiver request is true and accurate. I further understand that my case file and records are subject to review by the Office of State Auditor or other duly authorized state or county official.

Print Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Print Co-Applicant's Name: _____

Co-Applicant's Signature: _____ Date: _____

Print Co-Applicant's Name: _____

Co-Applicant's Signature: _____ Date: _____



Bladen County Assistance Network
Shared Case Management Software - CharityTracker
RELEASE OF INFORMATION (ROI)

Client's Last Name: _____ **First Name:** _____ **MI:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Date of Birth: _____ **SSN:** _____

mm / dd / yyyy

Phone: _____

The **Bladen County Assistance Network**, hereinafter referred to as "*CharityTracker*", is a shared, computerized record keeping system that captures information about people experiencing need for emergency services, including but not limited to assistance with utility bills, medications, rent/mortgage payments, etc. Bladen County (Administrating Agency) administers CharityTracker on behalf of participating agencies of the CharityTracker Assistance Network, including Bladen County Emergency Services (Participating Agency).

I understand that all information gathered about me is personal and private and that I do not have to participate in CharityTracker. I have had an opportunity to ask questions about CharityTracker and to review the basic identifying information, which is authorized by this release for the CharityTracker Assistance Network Participating Agencies to share. I also understand that information about non-confidential services provided to me by CharityTracker participating agencies may be shared with other CharityTracker Participating Agencies. This Release of Information will remain in effect for 3 years from the date noted under my signature at the bottom of this page unless I make a formal request to this Organization that I no longer wish to participate in CharityTracker.

<u>Dependent's Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I authorize Bladen County Emergency Services, as a CharityTracker Participating Agency, to share my basic, identifying and non-confidential service transactions/information with other CharityTracker Participating Agencies. I authorize the use of a copy of this original to serve as an original for the purposes stated above. I further authorize Bladen County Emergency Services (Participating Agency), as a CharityTracker Participating Agency, to share my dependent's basic, identifying and non-confidential service transactions/information with other CharityTracker participating agencies.

X

 Client and/or Parent-Legal Guardian's
 Authorizing Signature

X

Tammy Keshler
 Agency Representative Signature

 Date

 Date

The original of this Release of Information shall be kept on file with the Agency for a minimum of three years from the signing date.