



Working in
conjunction with
COVER and Upper
Valley Habitat for
Humanity



Application for Rebuilding Assistance

The purpose of this application is to allow households affected by Tropical Storm Irene to apply for assistance from the Long Term Recovery Committee for the White and Ottauquechee drainage areas (UV Strong).

Maintaining privacy is a priority for us. When an agency under the auspices of UV Strong comes to do a site visit, pictures of site will be taken. The pictures may be used for publicity purposes to aid in the overall effort to raise awareness, funds and support for Irene rebuilding. If you are not comfortable with this, please let us know. It will not affect your application.

This application is to get assistance regarding permitting and construction for replacement or repairs to your home. Funding may be available to contribute to the difference (gap) between money you have received from FEMA, insurance, and other sources, and your remaining needs.

Order of receipt and urgency based on other living accommodations of the family. Our committee will acknowledge receipt of your application, let you know right away if any information is missing and once it is complete give you a decision with in _____ weeks as to whether we will undertake assisting you on your project.

When filling out the application please note that:

1. "Members of the household" include all occupants including:

Adult children who live with you

Roommates

Other income earning adults

2. "Total annual household income" from all household members includes, but is not limited to:

Alimony

Child Support

Disability income

Distributions from Estates/Trusts

Other income

3. Under "description of need" we ask for copies of relevant reports or estimates to help us understand the extent of your need. Please attach documentation that provides the review committee with an estimated cost of the work. Grants cannot be made directly to homeowners; assistance will only be made in payments to vendors or businesses.



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Applicant's Name: _____

Address where the damage occurred: _____

Owner Renter Where are you living now? _____

How long can you stay where you are? _____

Mailing address (if different): _____

Telephone (s): _____

Best time to reach you: _____

E-mail: _____

Alternative contact person: _____, their phone _____

Name and year of birth of each household member:

Total annual household income, including wages and all other sources: _____

Additional income related information: _____

Monthly Expenses

Mortgage / Rent	\$ _____	Telephone	\$ _____
Electric	\$ _____	Heating Fuel	\$ _____
Property Taxes	\$ _____	Daycare	\$ _____
Medical/Prescriptions	\$ _____	Other	\$ _____
Car payments & insurance	\$ _____		



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Are you currently employed? yes no

Total liquid assets including checking, savings, CDs, marketable securities: _____

Total retirement funds including 401k and IRAs: _____

Did you file a 2010 Vermont income tax last year? yes no

Name and telephone of employer(s) of all household members: _____

If you are a homeowner and have a mortgage, have you spoken with your banker about a mortgage payment deferral? yes no

Address Verification - To confirm your identity and address, you need to provide a copy of a valid: Vermont Driver's license or other photo ID AND one proof of residency, which MUST contain the address you are claiming for assistance - acceptable documents include: utility bill, credit card statement, signed and dated lease agreement.

Insurance agent information (name, phone, policy type & #): _____

Have you applied to:

- FEMA (attach letter):
- SBA
- Windham and Windsor Housing Trust
- Efficiency Vermont
- SEVCA
- Disaster Unemployment Assistance (DUA)
- Other

May we notify other appropriate agencies or community organizations of your needs, if they are beyond our ability? yes no

Release:

Applicant

Date



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PLEASE READ THE FOLLOWING DECLARATION CAREFULLY BEFORE SIGNING.

I DECLARE/UNDERSTAND:

- That all of the information provided in the application is true and I understand that the information supplied may be subject to audit.
• We keep your information private and you agree that we can pursue trying to help you. This means inquiring with the town about your property and permitting and showing your property to contractors.
• That records will be maintained for a period of seven years from the date of this application.
• That all costs herein will not be claimed under any insurance or other assistance program.
• That if any part of this claim is found to be false, the UV Strong reserves the right to demand immediate repayment from the recipient, and may avail itself of any legal remedies which it deems appropriate to recover repayment of the funds from the recipient.
• This application is subject to review, assessment, approval, and fund availability.
• That additional supporting documents may be required.
• That I give the UV Strong committee permission to verify all information provided herein.

Dated: _____

Signature: _____

Return this application to:

COVER
158 S. Main Street
White River Junction, VT 05001