

BLACK RIVER GOODF NEIGHBOR SERVICES, INC  
APPLICATION FOR FLOOD ASSISTANCE

All of the information must be filled in on this sheet and on the back.  
We will not pay overdue bills or bills for telephone, TV cable or satellite.  
Only one member of a household is eligible to apply for assistance.

**Date:** \_\_\_\_\_ **Name of Client** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(Street address including town zip code) **Alternate Phone** \_\_\_\_\_

**Name of any other adults/children living in same household** \_\_\_\_\_  
First and last name age

\_\_\_\_\_  
First and last name age First and last name age

\_\_\_\_\_  
First and last name age First and last name age

Type of assistance needed: \_\_\_\_\_  
(rent, fuel etc.)

To pay a bill we need a copy .  
We may require more documentation depending on the situation.

**Monthly Expenses: Propane** \_\_\_\_\_ **Lights** \_\_\_\_\_ **Fuel Oil** \_\_\_\_\_ **Other** \_\_\_\_\_  
All payments are made directly to the provider of the service you are asking for assistance with.

**Do you own or rent your residence? (circle one)**

**Do you have insurance? Are you covered for your damages/loss.**

**Did FEMA assist you? How?**

**Show any pertinent information below that applies to your request for help**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I agree by signing this application and affirm that all the above information is true and complete to the best of my knowledge. I also give my permission to the Director of a Board Member to consult with other agencies as an advocate on my behalf.**

\_\_\_\_\_