

Plymouth Memory Tree

Disaster Recovery Application

Introduction:

Plymouth Memory Tree Relief Fund and Recovery Fund are grant programs for families in need who reside in the Town of Plymouth and for businesses who are located in the town of Plymouth. They are available to both homeowners and renters. All funding decisions are made by the Board for the Plymouth Memory Tree Relief and Recovery Funds. The Relief and Recovery Funds are separate from the Memory Tree regular activities.

The two funds are set up for different purposes:

- **Plymouth Memory Tree Relief Fund: up to \$1000**
 - These grants are for residents who have incurred damage or losses due to Tropical Storm Irene. These needs typically include rent, utilities, purchase of major appliances/hot water heater/furnace, short-term housing, loss of income, health related costs, repair and replacement of housing or transportation, garbage disposal, or other short-term disaster related needs.
 - **Short Application (pages 2 through 4)**, first come first served.
- **Plymouth Memory Tree Relief Fund Recovery Fund: \$1,000 plus**
 - These grants are for substantial repair or replacement of a significantly damaged driveway, grounds, house or outbuildings, and vehicles of a Plymouth Resident or business in Plymouth. Renters may apply for replacement of lost belongings.
 - **Long Application (pages 2 through 7)**, which includes verification of need. This will include a question about gross income and a request for a tax return.
 - This fund may include a **Long Term Project** such as replacing or relocating a house. The Plymouth Memory Tree Board will work with the applicant for the long term to develop the best solution.
 - Direct aid
 - Research other grants
 - Rebuilding project

Completing the Form:

If you would like to apply complete the form attached.

- Return the completed form by **October 31st** to the Plymouth Recovery Assistance Center at the school or mail to PO Box 47, Plymouth, VT 05056
- If we would like help completing the form you can ask at the school or call 672 3666 or email jillplymouth@gmail.com

ALL APPLICANTS MUST FILL THIS SECTION OUT

Applicant Name:

Names (and ages if under 18) of other household members:

Pre-disaster Address:

Current Address:

Housing Status (if damages are associated with your home):

_____ Own _____ Rent

Current Phone: _____

Cell Phone: _____

E-Mail Address: _____

What is family's need?

AMOUNT REQUESTED: \$ _____

Is there an immediate need for these funds?

☐ Yes ☐ NO

If Yes, please explain:

Health Status:

Do you need assistance with accessing medications or medical attention as a result of the disaster?

☐ Yes ☐ NO

If yes, do you have Health Insurance and Prescription Coverage?

☐ Yes ☐ NO

Has your health status been impacted as a result of the disaster?

☐ Yes ☐ NO

If Yes, how? Explain:

Contact with FEMA:

Have you contacted FEMA to file application for assistance?

☐ Yes FEMA Registration Number: _____

☐ NO

Has a FEMA inspector visited ?

☐ Yes ☐ NO

Have you received a check from FEMA

☐ Yes ☐ NO

Have you appealed the FEMA decision?

☐ Yes ☐ NO

Any other information about your contact with FEMA:

Contact with SBA:

Have you applied for loan with SBA?

☐ Yes ☐ NO

Was your application successful?

☐ Yes ☐ NO

Are you (or anyone in your household) a Veteran

☐ Yes

☐ NO

Special Needs of household members (example: does anyone use a wheelchair):

Recovery Assistance

What services/resources/supports have you used so far in recovery effort:

Have you received any direct financial assistance for recovery so far?

☐ Yes

☐ NO

If YES, how much and from what source?

May we notify other appropriate agencies or community organizations of your needs if they are beyond the ability of this relief fund?

☐ Yes

☐ NO

Signed _____

Date _____

Thank you! Please contact the Plymouth Recovery Assistance Center if you require assistance in completing this application. We will get back to you shortly to acknowledge that we have received the application and to give you a date by which a funding decision will be made.

Please continue completing pages 5 to 7 if you are applying for more than \$1000

Please complete the following pages if you are applying for a grant of more than \$1000. Only businesses need to complete page 6

Budget:

Gross Income: _____

Please attach a copy of the most recent IRS1040 Tax Return.

Costs incurred since the disaster (temporary housing, rebuilding, etc.):

Other Aid:

Are you or any household member connected with/receiving services from a state or local social services agency prior to disaster? (i.e.: DHHS for food stamps or TANF; Mental Health or Area Agency for case management; other case management service?)

☐ Yes ☐ NO

If Yes, What agency/programs?

Housing Type

_____ Single Family Dwelling _____ Mobile Home _____ Duplex

_____ Destroyed _____ Major Damage _____ Minor Damage

Cost of Temporary Housing if displaced by flood:

Owners

Date Purchased _____

Assessed Value _____

Mortgage Owed _____

Monthly Mortgage Payment: _____

Complete this page if damages are related to your business or if you are self employed

Name of Business: _____

Location: _____

What damages or loss of income did your business suffer?

What have you done thus far to address your damages?

Insurance:

Do you have homeowners or renters or other insurance?

☐ Yes ☐ NO

Do you have Flood Insurance?

☐ Yes ☐ NO

Have you contacted insurance company?

☐ Yes ☐ NO

Do you need assistance with contacting insurance company or getting insurance company the information they need?

☐ Yes ☐ NO

If YES, explain:

Have you obtained estimates for repairs or replacement?

☐ Yes ☐ NO

Amount of estimates

Do you have any special needs related to housing?

Employment Status (all members of household):

Has employment been disrupted by flood

☐ Yes ☐ NO

IF Yes, Explain:

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