

Transformation Church

Disaster Relief Fund Application

Helping Families Rebuild and Recover

Transformation Church is committed to standing with individuals and families in our community who have been affected by the recent floods. Our Disaster Relief Fund provides financial assistance for immediate and essential needs as you begin the road to recovery. This application is the first step in determining eligibility and connecting you with available resources.

Please complete all sections of this application as accurately as possible.

Applicant Information

Full Name: _____

Date of Birth: _____

Driver's License Number: _____ **State:** _____ **Expiration:** _____

Phone Number(s): Cell _____ Work: _____ Home: _____

Email Address: _____

Current Address (Post-Flood): _____

Pre-Flood Address (if different): _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Text

Household Information

Names and Ages of All Household Members Affected:

Is anyone in the household elderly (65+), disabled, or medically fragile? ☐ Yes ☐ No

If yes, please explain: _____

Impact of Flooding

Describe how your home and family were affected by the flooding:

Was your primary residence destroyed or made uninhabitable? ☐ Yes ☐ No

Do you currently have a safe place to stay? ☐ Yes ☐ No

If yes, where? ☐ With family/friends ☐ Temporary shelter ☐ Rented temporary housing ☐ Other: _____

Do you have homeowners insurance? ☐ Yes ☐ No

Do you have flood insurance? ☐ Yes ☐ No

If yes, have you filed a claim? ☐ Yes ☐ No

Status of claim: _____

Disaster Assistance Coordination

Have you applied for assistance with FEMA (Federal Emergency Management Agency)?

☐ Yes ☐ No ☐ In Progress

If yes, what is your FEMA Registration Number (if known)? _____

Have you applied for an SBA (Small Business Administration) Disaster Assistance Loan?

☐ Yes ☐ No ☐ In Progress

If yes, what is the status of your application? _____

Have you been denied assistance from FEMA or SBA? ☐ Yes ☐ No

If yes, please briefly explain why: _____

Assistance Needs

Please check any areas where you are currently in need of assistance:

☐ Temporary housing costs

☐ Home repair assistance

☐ Furniture/appliance replacement

☐ Clothing or personal items

☐ Food or grocery support

☐ Vehicle replacement or repair

☐ Utility deposits/expenses

☐ Counseling or emotional/spiritual support

☐ Other (please specify):

Employment:

Do you work or are you retired: [] Work [] Retired

Employer: (Please include name, address, phone number and name of supervisor)

Verification and Consent

Please attach any relevant documentation that may help us better understand your situation:

By signing below, I affirm that the information provided is true and accurate to the best of my knowledge. I understand that completion of this form does not guarantee assistance but allows the Disaster Relief Team at Transformation Church to consider my family's needs and connect us with available help.

Signature: _____

Date: _____

Submit Application

Completed applications can be submitted:

- **Electronically:** Please download this form and then **EMAIL** along with the supporting documents to **disasterrelief@findtransformation.com**
- **By Mail:** Transformation Church - P.O. Box 293161 – Kerrville, TX 78029-3161

Supporting Documents Checklist (Please include):

Copy of Driver's License
Photos of damage (if available)
Proof of Ownership Documents
Any other supporting documents

If you have questions or need help completing this form, please contact our Disaster Relief Team at 830.315.6525 or help@findtransformation.com

"Carry each other's burdens, and in this way you will fulfill the law of Christ." – Galatians 6:2