



WAMY Community Action, Inc.

Hurricane Helene Relief

Applicant: Last Name: _____ First Name: _____

Address: Street: _____ City: _____

Zip: _____ County: _____ Currently Experiencing homelessness:

Applicant Phone: _____ Email: _____

Total number of people in the home: _____ Number of Children in the home: _____

Name	Gender	DOB	Marital Status	Race

Do you have heat? _____ Do you have Homeowners Insurance? _____

Have you applied for FEMA? _____

How has Hurricane Helene impacted you?

What are your needs?

Certification:
I _____ (print name) agree with the following statement:
My request for assistance, as shown above is due to a household financial need and I will use the assistance I receive for its intended purpose.

Signature of Applicant

Date of Application

Signature of Agency Staff/Witness

Date Assistance Received

Applicant Initials

Agency Initials