

Glide Strong - Glide Revitalization

Application for Financial Assistance

Last Name _____ First _____ M.I. _____

How many people in your household _____ Names and ages of people in your household

Glide Address _____

Current Address _____

Phone number _____ Email _____

Best way to contact you _____ What is the status of your residence in Glide

Residence destroyed _____ Residence currently uninhabitable _____

Residence habitable but in need of repairs _____ Other _____

Do you have insurance _____ Have you contacted your insurance company _____

Have you applied for FEMA relief _____ Have you lost your vital statistic records _____

Do you have animals _____ What kind and how many _____

Do you have any immediate needs we can help you with (home, outbuildings, water system, rent, utilities, transportation, fuel, tools, animal needs, services, etc.) _____

Do you have any long-term needs that our organization can assist you with?

I certify that the above information is true and correct to the best of my knowledge.

X _____

Apply by emailing this form to gliderevitalization@gmail.com. If you are not able to email, please call 541-430-6100 for further assistance.