



Hurricane Relief Fund Application

Bear one another's burdens and so fulfill the law of Christ. —Galatians 6:2

Please read this page carefully before completing the application!

1. Anyone may apply for financial assistance through our Hurricane Relief Fund.
2. Although it is our sincere desire to provide financial assistance to all who ask, at this time we are only processing requests for residents of St. Petersburg, FL. Requests are processed on a "first come, first served" basis. **APPROVAL OF REQUESTS MAY TAKE UP TO TWO WEEKS.**
3. Completed Hurricane Relief Fund applications should be returned to the St. Pete First United Methodist Church (St Pete First) office; please feel free to take this form home to complete at your convenience.

Mail: St. Petersburg First United Methodist Church
Attn: Hurricane Relief Fund
212 Third Street North
St. Petersburg, FL 33701

Email: sbinder@fumcsp.org
Fax: 727-825-0243

Or: Hand Deliver in person

4. Once St Pete First has received your application it will be reviewed, and information will be verified. The Hurricane Relief Fund team will call you if there are any questions.
5. All information provided on this application will be kept as private as possible, so please be open and honest in responding to questions. It is likely that during the application process, your information may be reviewed by members of our church staff, Hurricane Relief Fund team, and Pastors. We are not here to judge anyone, but rather to provide compassionate assistance according to our guidelines and available resources in your time of difficulty.
6. The Hurricane Relief Fund process may take up to two weeks or more. Filling out this application does not guarantee that monetary assistance will be provided. **YOU WILL RECEIVE A PHONE CALL WITH THE DECISION.**

Special Note to Applicant: Please keep this page of the application for your review and compliance.



Hurricane Relief Fund Application

Today's Date: _____

Name: _____ # People in House _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Own or Rent (circle one)

Email: _____

Phone: _____ Driver's License: _____

Select the disaster that affected you (check all that apply)

Hurricane Milton Hurricane Helene

What type of assistance do you need (check all that apply)

Temporary Housing Help with Utilities Property Restoration

Basic Household Needs (including Furniture or Appliances)

Tell us about your situation:

How did you hear about St Pete First United Methodist Church (St Pete First)?

Have you or anyone else in your household been assisted by St Pete First?

Yes No If YES, when was the assistance provided? _____

Is there anyone at St Pete First who knows your situation? Yes No

If YES, who? _____ May we contact them? Yes No

To help us determine how and/or if we can be of assistance, please complete the following questions: (Use additional page if necessary)

What is your need today and what specific help are you requesting? Please provide a list of needs by priority – most important to least important.

- 1.
- 2.
- 3.
- 4.
- 5.

Have you been assisted by any other agency/organization?

Yes No If YES, list provider name and assistance received.
 (Use additional page if necessary.)

Provider Name: _____ Assistance Received: _____

Have you applied for FEMA assistance? Yes No

If yes, please provide a copy of your application to FEMA.

List all persons living at the address listed on page 3:

First & Last Name	M/F	Age	Grade	Employment /School	Relationship to Applicant

Employment History:

Is anyone in your household unemployed due to disability? Yes No

Are they receiving disability benefits? Yes No

Total Household Income/Monthly Expense Report

Income	Income Amount	Type of Expense	Expense Amount	Past Due Amount
Wage 1 Name: _____		Housing		
Wage 2 Name: _____		Utilities		
Social Security		Car Payments		
Disability		Insurance		
Retirement		Medical		
Food Stamps		Child Care		
Child Support		Loans		
Any Other Income		Household Needs		
Total Income		Total Expenses		

***Please provide original copies of bills, invoices, and receipts for any of the assistance you are requesting. Copies of these items will be provided to you. Additional documentation may be requested. Please give name and contact for your landlord if you are a renter.

Release of Information

I hereby authorize the release of information to St Petersburg First United Methodist Church (St Pete First) to evaluate the assistance I am requesting. I further certify that the information I have given is true and correct and that all income/expense is reported. I understand St. Pete First may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance/services.

I give permission for St Pete First to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I have read, understood, and agree to the policies above regarding the Release of Information.

Signature

Date

Office Use Only	
Authorized By (Print Name):	
Signature:	
Date:	
Assistance Amount Approved:	