

Quad Cities VOAD

Voluntary Organizations Active in Disasters

3247 East 35th Street Court

Davenport, Iowa 52807

Telephone: (563) 355-9900

Fax: (563) 355-3308

OFFICE USE ONLY (Do not write in this box)

Application taken by: _____ Date: _____

Request Approved: _____ Request Completed: _____ Request Denied: _____

Please complete this form and fax or mail it to the above address at Quad Cities VOAD. Applications will then be screened and an advocate will contact you for further information. Items marked with an asterisk (*) are required. If applying for residential mold remediation or home reply, only the property owner may apply.

If applying for residential mold remediation or home repair, only the property owner may apply.

PERSONAL INFORMATION

* First Name: _____

Middle Initial: _____

* Last Name: _____

Organization: _____

* Language(s): English Spanish Other: _____

* Mailing Address: _____

Apt./Ste./Unit #: _____

* City: _____

* State: _____

* ZIP: _____

* Phone Number: _____

This is my Home Business Cell

Alternate Phone Number: _____

This is my Home Business Cell

Email Address: _____

* Date of Birth (MM/DD/YYYY): / /

7 * SSN: - - Tax ID (if applicable): -

9 FEMA ID #:

* Combined family gross income: \$ Weekly Bi-Weekly Semi-Monthly
 Monthly Quarterly Yearly

10 *I attest, under penalty of perjury, that I am (select one):
 A citizen of the U.S.A.
 A lawful permanent resident
 An alien authorized to work (Alien #)
 Other (please specify): (Alien # or Admission #)

11 **PROPERTY DAMAGE**
 * Home Damage: Yes No
 Property Address:
 Apt./Ste./Unit #:
 City:
 State:
 ZIP:

12 Occupants living in damaged property (List yourself first):

Last Name	First Name	MI	Relation	SSN	DOB (MM/DD/YYYY)	Age	Dependant	
							Yes	No
			SELF	- -	/ /		<input type="checkbox"/>	<input type="checkbox"/>
				- -	/ /		<input type="checkbox"/>	<input type="checkbox"/>
				- -	/ /		<input type="checkbox"/>	<input type="checkbox"/>
				- -	/ /		<input type="checkbox"/>	<input type="checkbox"/>
				- -	/ /		<input type="checkbox"/>	<input type="checkbox"/>
				- -	/ /		<input type="checkbox"/>	<input type="checkbox"/>

13 * Residence Type: Mobile Home Single Family Duplex Apt. Condo/Townhouse Other

4 * Primary Residence: Yes No

5 * Do You: Own Rent

6 * Is your home accessible? Yes No (If no, explain):

7 * What assistance did FEMA previously provide you? (Include dollar amount.)

8 * What issues are you still facing as a result of the floods in regards to your property?

9 Please detail any flood damage to other personal property.

10 * What other issues are you still facing as a result of the floods?

11 Comments:

12 * I attest, under penalty of perjury, that all the information I have provided is accurate and truthful to the best of my knowledge. By signing my name below, I agree that it will serve as my digital signature.

* Signature: _____ Date: _____

APPLICATION/REGISTRATION FOR DISASTER ASSISTANCE INSTRUCTIONS

1. Enter the first name, middle initial and last name of the applicant. Jr., Sr., etc. should follow the last name.
2. Check the language(s) that the applicant speaks.
3. Enter the applicant's mailing address. It may or may not be the same as the Damaged Property Address or where the applicant is now living. The Mailing Address may not be a post office box or general delivery address.
4. Phone number. Enter the current phone Number where the applicant can be reached. Alternate Phone Number: Other Phone Number where applicant can be reached. Note: Include extension number (if available).
5. Enter Email address (if available)
6. Enter the date of birth of the applicant.
7. Enter the applicant's Social Security Number (SSN). If the applicant does not provide an SSN, processing of the application will be delayed.
8. FEMA ID number. If you have previously applied through FEMA, your FEMA ID Number will be required as well.
9. Enter the combined family gross income. (This is the amount of income before any deductions, and may include money from employment, Social Security, retirement, welfare, child support, stocks, interest, annuities, and savings or assistance from family and friends. It does not include food stamps or HUD Section 8 assistance). Check the appropriate frequency of pay (weekly, bi-weekly, monthly, semi-monthly, quarterly, or yearly).
10. Citizenship information. you must be a U.S. Citizen or a qualified immigrant to be eligible for the IDAP.
11. Enter the address at which the damage occurred. Entering "Same as Above" is acceptable.
12. List information for the applicant and all other persons and dependents who consider the damaged home to be their primary residence, whether or not they are related to applicant. It is important that the applicant's and co-applicants' SSN are included. Answer if they are dependent or not.
13. Select the type of property that was damaged (e.g. Mobile Home, Single Family Home, Duplex, etc.)
14. Primary Residence. Is the damaged property also your primary residence?
15. Check Rent or Own. Only the property owner may apply for mold remediation or home repair.
16. Home accessible. Please confirm when access to the house is possible.
17. Previous FEMA assistance. This is not an application for FEMA assistance. Prior FEMA assistance will neither guarantee nor disqualify you from receiving support from the Illinois Disaster Assistance Program (IDAP).
18. Please detail what issues you are still facing as a result of the floods in regards to your property.
19. Please detail any flood damage to other personal property.
20. Please detail other issues you are still facing as a result of the floods.
21. Enter any additional comments and explanations that you feel will assist us in processing your application.
22. SIGN and DATE your application.