



# Emergency Relief Fund Application

Email back with supporting documentation to  
[emergencyrelief@bgcmlibu.org](mailto:emergencyrelief@bgcmlibu.org)

Applicant Name (Head of Household): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race/ Ethnicity: \_\_\_\_\_ Disability: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Veteran: \_\_\_\_\_

Household Annual Income (Pre-disaster): \$ \_\_\_\_\_

Health Insurance Information: \_\_\_\_\_

<b>CURRENT CONTACT INFO:</b>	Applicant's Phone #:		Alternate Phone #:		E-Mail Address:	
	Current Address (including apt #, rm. #)					
	Mailing address, if different					
	Does applicant currently...	( ) Own	( ) Rent	( ) Live with family/ friends	( ) Reside in transient shelter or is homeless	( ) Other
	This residence is a...	( ) Apartment	( ) Hotel / Motel	( ) Mobil Home / Trailer	( ) Single Family Dwelling	( ) Other
	Number of disaster-affected persons residing in current household:					
<b>PRE-DISASTER</b>	Street Address of Pre-disaster housing					
	Mailing Address of Pre-disaster housing					
	Did applicant formerly...	( ) Own	( ) Rent	( ) Live with family / friends	( ) Reside in transient shelter or was homeless	( ) Other
	This residence was...	( ) Apartment	( ) Hotel / Motel	( ) Mobile Home / Trailer	( ) Single Family Dwelling	( ) Other
	Number of persons residing in pre-disaster household:					

MEMBERS OF HOUSEHOLD (HH) INFORMATION:								
First & Last Name	Date of Birth	Relation to Head of HH	Sex	Race/ Ethnicity	Dis-ability	Health Insurance	Marital Status	Veteran

DISASTER RELATED INDIVIDUAL OR HOUSEHOLD NEEDS UNMET NEEDS ASSESSMENT	
<b>RISK INVENTORY</b> Check all that apply	Applicant currently resides in a shelter, or other temporary housing situation.
	Applicant is age 65 or over.
	Applicant or other disaster-affected household member is physically or mentally disabled.
	Applicant or other disaster-affected household member has medically related needs. <b>Specify:</b>
	Applicant or other disaster-affected household member has a mental illness.
	Applicant is a single head of household with dependent children.

<b>IMMEDIATE UNMET NEEDS</b> Check all that apply	Housing (repair, modification, eviction, etc.)	Food / nutrition	Employment
	Utilities (shut-off or pending shut-off)	Medical health care	Transportation
	Furniture, Appliances	Medication	Child care
	Clothing	Mental health care	Application assistance/ benefits restoration
	Other ( <b>specify other needs</b> ):		
	Applicant request language, sign language, or literacy assistance. <b>Specify language:</b>		
	Applicant has pending eviction and / or utility shut-off notices: <b>Specify utilities:</b>		
	At least one member of household is enrolled in classes/ student at <b>Santa Monica College</b>		

DISASTER RELATED ASSISTANCE/DUPLICATION OF BENEFITS INFORMATION	
Has Client registered with FEMA? <b>YES</b> _____ <b>NO</b> _____ FEMA # _____	
If NO, why not?	
Have you received any assistance from FEMA to date? <b>YES</b> _____ <b>NO</b> _____	
If YES, how much have you received?	
Have you applied for Disaster Related Unemployment Compensation? <b>YES</b> _____ <b>NO</b> _____	
Have you applied for Disaster Related Food Assistance? <b>YES</b> _____ <b>NO</b> _____	
Do you have FIRE Insurance? <b>YES</b> _____ <b>NO</b> _____	
If YES, how much have you received?	

APPLICANT'S VERIFICATION	
<b>CATEGORIES of IMPACT</b> Check all that apply	<b>I verify that I have been affected by the Woolsey Fire Disaster in the following way(s):</b>
	I suffered physical injury directly caused as the result of the disaster and/or developed severe mental health issues as the result of the disaster.
	I was displaced from my primary residence as the result of the disaster.
	I suffered substantial or complete loss or damage to my primary residence due to the disaster.
	I suffered the loss of household income directly related to the disaster.
	I am grieving over the death of a loved one.
	I am / was an emergency response or relief worker during or following the disaster.
	I resided in a mandatory evacuation zone.

ESTABLISHING ELIGIBILITY FOR ASSISTANCE	
	Applicant resides in or was a resident in one of the counties identified in the disaster declaration for the Woolsey Fire.
	Applicant worked in or was employed in one of the counties identified in the disaster declaration for the Woolsey Fire.
<b>VERIFICATION OF FINANCIAL NEED</b> Required	<b>I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete, and that I lack the financial resources necessary to meet basic living expenses.</b>
	Applicant Print Name:
	Applicant Signature:
	Co-Applicant Print Name:
	Co-Applicant Signature
	Intake Worker Signature Print:
	Intake Worker Signature:
	Date Form Received:

**Must submit:**

- Emergency Relief Fund Application
- Copy of driver's license / Government issued ID
- Proof of residence or association to unincorporated and/or Malibu City limits

**Supporting Documentation (must provide two or more):**

- |   |   |
|---|---|
| <input type="checkbox"/> Verification of Employment/ Loss of Income form  | <input type="checkbox"/> Utility bill                       |
| <input type="checkbox"/> Proof of State Disaster Unemployment Application | <input type="checkbox"/> Proof of no insurance              |
| <input type="checkbox"/> Proof of FEMA Application                        | <input type="checkbox"/> Receipts                           |
| <input type="checkbox"/> Bank statement                                   | <input type="checkbox"/> Photos of lost or damaged property |