



## Home Flood Recovery Application & Agreement

Date of Application: \_\_\_\_\_ FEMA Reference #: \_\_\_\_\_

Name (Head of Household): \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Is this address your primary residence? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you had a structural engineer report? \_\_\_ Yes \_\_\_ No **If yes, a certified report must be attached.**

List all others living in home:

Name	Age	Gender	Relationship

Do you have Home Owner's Insurance? \_\_\_ Yes \_\_\_ No If Yes, amount of deductible: \$ \_\_\_\_\_

Name of Company & Agent \_\_\_\_\_

Do you have Flood Insurance? \_\_\_ Yes \_\_\_ No If Yes, amount of deductible: \$ \_\_\_\_\_

Name of Company & Agent \_\_\_\_\_

Have you registered with FEMA? \_\_\_ Yes \_\_\_ No If yes, what is your FEMA number \_\_\_\_\_

Has FEMA offered a settlement amount \_\_\_ Yes \_\_\_ No If yes, what is the amount \_\_\_\_\_

Are you accepting FEMA'S settlement offer? \_\_\_ Yes \_\_\_ No

What is FEMA's settlement covering? Please be detailed in listing this.

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Have you applied for a loan with the SBA (Small Business Administration)? \_\_\_ Yes \_\_\_ No

Please list SBA Contact Name and Phone Number \_\_\_\_\_

If approved, how much did you receive? \_\_\_\_\_

What is the household monthly Gross Income: \$\_\_\_\_\_ Net Income: \$\_\_\_\_\_

Do you plan on remodeling your existing home: \_\_\_ Yes \_\_\_ No

Please list all general repairs needed.

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Have you received or plan to receive assistance from any other Social Services agencies? \_\_\_ Yes \_\_\_ No

If yes, please list the need and the assisting agency:

Need	Agency Assisting with Need

What other immediate needs do you have other than home repair?

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By signing this I am stating that I've answered these questions to the best of my knowledge and understand that giving false information is fraud and will immediately eliminate me from this program. I have read and understand the below stated disclaimer and agree to the terms therein.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Disclaimer: Please understand that Mountain Mission Inc. is a 501(c)3 nonprofit and is supplying materials and various directives in order to return the above signed and their family to their home. Mountain Mission Inc., in conjunction with Cornerstone Interiors Construction Inc. and Hands On WV, another 501(c)3 nonprofit, assumes no responsibilities or liabilities prior to, during or after repairs are made. Collectively it is our desire to attempt to return your family to your home in a safe secure environment to the best of our financial ability.**

**APPLICATION MUST BE RETURNED TO:  
Mountain Mission Inc.  
1620 7<sup>TH</sup> AVE.  
Charleston WV. 25387**

**For questions call 304-344-3407**

FOR MOUNTAIN MISSION USE

DATE APPLICATION RECEIVED \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

DATE: \_\_\_\_\_

Reasons for Denial:

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