

Burleigh/Morton County Long Term Recovery

Rebuild and Retain Application

Attention Applicants:

Distribution of funds will be considered for safe, Sanitary, Secure, and Essential Living Space. Applicants must have owned their flooded home and will reside in their re-built home or relocate within the flood affected county.

Families must fall between 100-300% of Annual Federal Poverty Guidelines

*refer to income eligibility chart

MUST Mail application to:
Burleigh/Morton Long Term Recovery Committee
C/O Lutheran Social Services of ND
1720 3rd Ave North
Fargo ND, 58102

Phone: 701-271-3288
Email: jsnyder@lssnd.org

Name of Applicant (print):

Date of the application (MM/DD/YYYY): ____/____/____ FEMA # _____

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

Personal ID: _____

Pre-Flood Address _____

Burleigh/Morton County ____ YES ____ No

Did applicant formerly own? ____ Home (Single Family Dwelling) ____ Mobile Home/Trailer

Number of persons residing in pre-flood household:

Adults: ____ Dependent Children: ____

Current Address _____

Current Mailing
(if different from above) _____

Applicants phone# _____

Alternate phone# _____

Email address _____

Does applicant current reside at flooded home? ____ Yes ____ No

Number of persons residing in current household: Adults: ____ Dependent Children: ____

Household's 2011 annual income \$ _____ Estimated Value of any lost property \$ _____

Any household member has a documented disability ____ Yes ____ No

Resources Received:

Date Received

FEMA	\$ _____	____/____/____
SBA Loan	\$ _____	____/____/____
BND Loan	\$ _____	____/____/____
Flood Insurance	\$ _____	____/____/____
State Individual & Family Grant (IFG)	\$ _____	____/____/____
Hazard Minimization Grant	\$ _____	____/____/____
Area Recovery Fund	\$ _____	____/____/____
Burleigh/Morton Long Term Recovery	\$ _____	____/____/____
Other Awards received	\$ _____	____/____/____

*The following Information is required but will not be determining factor or affect grant award

___ I was displaced from my home which I owned.

___ I suffered substantial or complete loss or damage to my home which I owned.

___ My home was condemned due to property loss.

___ I resided in a mandatory evacuation zone.

___ I sustained significant tree removal and debris cleanup costs.

___ I purchased and will reside permanently in a location other than my flooded home.

___ I have rebuilt and will sell or use as rental property.

___ I resided in a mandatory evacuation zone.

Signature

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 complete my recovery from the spring 2011 flooding.

Home owner

Signature: _____ Print: _____ Date: _____

Home Owner

Signature: _____ Print: _____ Date: _____

Office Use Only

\$ _____ Amount of unmet needs

\$ _____ Amount for materials necessary for safe, Sanitary, Secure, & Essential Living

CONSENT AND RELEASE

I, _____, hereby authorize the Burleigh/Morton Long Term Recovery Committee to share any of my information in its possession, including but not limited to my name, address, other personal information and the type of assistance I am receiving with other disaster relief and voluntary organizations.

If you wish to limit this release to specific information, please specify the information that may be released.

I understand that I may revoke this consent at anytime by contacting Burleigh/Morton Long Term Recovery Committee except when action has already been taken to obtain and/or release such information to organizations providing resources. My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of (18).

Signature Home Owner **Date**

CONFIDENTIALITY AGREEMENT

Any information provided by the client(s) to the organization’s staff or volunteers is to be kept in the strictest of confidence. None of the information exchanged about donor individuals, donor organizations, or client cases will be discussed outside of the official interview and decision-making process of the Organization, except as authorized above.

Signature **Date**
Burleigh/Morton Long Term Recovery Representative