



**California Wildfires Disaster Relief
Grant Application**
(Individual Credit Union Employee and Volunteer)

Name: _____ Email: _____

Home Address: _____

City, State & Zip: _____

Direct Work Phone: _____ Cell Phone: _____

Credit Union Name: _____ Length of Employment: _____

Current Position/Title: _____ Branch Location: _____

Direct Supervisor Name & Title: _____

Direct Supervisor Phone & Email: _____

How many people live in your residence? _____ adults _____ children (18 years and under)

What is the extent of your loss? (Describe in detail the estimated losses to your home, structure, personal belongings, etc, or other circumstances related to the disaster.) _____

Have you been displaced from your home due to this disaster? What are your current living arrangements?

Please provide an alternate mailing address if you are displaced from your home:

What resources, financial or otherwise, are available to you? (i.e. credit union loan, American Red Cross, etc.)

Have you applied for federal disaster relief through FEMA (Federal Emergency Management Agency)? _____
If yes, what was the outcome? _____

Will damages be covered under insurance? _____ If yes, please provide the deductible amount(s) for each type of insurance the damage falls under- homeowners, renters, car, etc.: _____

Total dollar amount of out of pocket expenses not covered by insurance/FEMA/or other outside assistance. \$ _____

Please explain the types of expenses incurred that are being paid for out of pocket: _____

Please read the following and sign.

I, the undersigned, swear the provided information is true and all funds that I may receive will be used to aid me and or my family with damages caused by _____.
(Specify Type of Disaster)

(Signature of Applicant)

(Date)

(Signature of Credit Union CEO is required)

California Wildfires disaster emergency relief will be provided upon approval from grants committee for up to a maximum of \$1,500 per credit union employee or board volunteer.

**This form should be returned to the California Credit Union League, Attn: Rita Fillingane via mail, fax or email.
2855 E. Guasti Rd., Suite 600 • Ontario, CA 91761 • Fax 909-390-7053 • Email ritaf@ccul.org • Phone 909-212-6055**