



**Application for Direct Assistance for Lake County Flood Survivors**

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

Address where damage occurred: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is your immediate need?  Food  Clothing  Housing

Comments: \_\_\_\_\_

\_\_\_\_\_

**Proof of residence and Photo ID are required with your application. Please attach the following:**

- A copy of a photo ID, such as a driver’s license
- Proof of residency, such as one of the following (must include your name and address of damaged residence):
  - utility or trash bill
  - cable, satellite TV, or internet bill
- Proof that this address was your primary residence at the time of the flood; this is the address you use on your federal tax return, your voter registration, and your driver’s license; copy of your lease

**Briefly explain how you were impacted by the 2017 Lakeport Flood. Was your primary residence destroyed?**

**Has your home been red-tagged: Yes\_\_\_ No \_\_\_**

**What is your current housing situation? Do you need assistance with safe and sanitary interim housing and/or shelter?**

**Is there anything else you would like to tell us about your situation or circumstances?**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*Please return completed form via email to: [Imagallon@ncoinc.org](mailto:Imagallon@ncoinc.org)  
Drop off at 850 Lakeport Blvd CA 95453 or mail to 413 N State Street, Ukiah CA 95482  
For more information call (707) 467.3200x200 [www.ncoinc.org](http://www.ncoinc.org)*

**Please take a moment to complete this demographic information.**  
**NCO will use this data for administration purposes only; your answers will NOT affect your eligibility.**

How many people are in your household? Adults: _____ Children: _____ Total in Household _____									
Relation to Head of Household Spouse/Partner/Child/ Etc.	Name Last, First	Gender - M OR F	Birth Date	Latino	Race AA= African American W=White NA= Native American A= Asian O=Other MR= Multi Race	Marital Status NM=Never married M=Married D= Divorced S= Separated W= Widow	DO YOU HAVE HEALTH INSURANCE?	ARE YOU DISABLED?	EDUCATION 0-8 9-12/non graduate H.S. Grad/GED 12+ some college 2 Year Grad. 4 Year Grad.
Self		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	
		M/F		Y/N			Y/N	Y/N	

FAMILY TYPE		HOUSING		MILITARY/OTHER – MARK ALL THAT APPLY W/ NAME		
<input type="checkbox"/>	Single Person	<input type="checkbox"/>	Own	<input type="checkbox"/>	MILITARY/veteran	<input type="checkbox"/>
<input type="checkbox"/>	Two-Parent Household	<input type="checkbox"/>	Buying	<input type="checkbox"/>	Farmer	<input type="checkbox"/>
<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Seasonal farm worker	<input type="checkbox"/>
<input type="checkbox"/>	Adults- No Children	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	No English	<input type="checkbox"/>
<input type="checkbox"/>	Adults & Children	<input type="checkbox"/>	Temporarily Living with friend/relative	<input type="checkbox"/>		
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>		

Source(s) of Household Income and Benefits (please indicate how many members of your family receive each source)					
<input type="checkbox"/>	No Income	<input type="checkbox"/>	Public Assistance/General Assistance	<input type="checkbox"/>	Farm/Other Migrant Ag Work
<input type="checkbox"/>	Veteran Benefits	<input type="checkbox"/>	TANF	<input type="checkbox"/>	SSI- (65 or older/Disabled)
<input type="checkbox"/>	Unemployment	<input type="checkbox"/>	Pension/Retirement	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Employment FT / PT		_____
<input type="checkbox"/>	CALWORKS	<input type="checkbox"/>	Odd Jobs _____	<input type="checkbox"/>	CRV-recycling

Total Gross Annual Household Income (please select one)							
<input type="checkbox"/>	\$0-\$10,999	<input type="checkbox"/>	\$11,000-\$14,999	<input type="checkbox"/>	\$15,000-\$19,999	<input type="checkbox"/>	\$20,000-\$24,999
<input type="checkbox"/>	\$25,000-\$29,999	<input type="checkbox"/>	\$30,000-\$34,999	<input type="checkbox"/>	\$35,000-\$39,999	<input type="checkbox"/>	\$40,000-\$44,999
<input type="checkbox"/>	\$45,000-\$49,999	<input type="checkbox"/>	\$50,000-\$54,999	<input type="checkbox"/>	\$55,000-\$59,999	<input type="checkbox"/>	\$60,000-\$64,999
<input type="checkbox"/>	\$65,000-\$69,999	<input type="checkbox"/>	\$70,000-\$74,999	<input type="checkbox"/>	\$75,000+	<input type="checkbox"/>	

Would you like more information on other NCO services you may be eligible for? Yes \_\_\_\_\_ No \_\_\_\_\_

AGENCY USE ONLY: