



(707) 467-3200
(707) 462-0191 FAX
413 N. State St.
Ukiah, CA 95482
www.ncoinc.org

Application for 2017 Wildfire Relief Fund

Name: _____ Today's date: _____

Name of fire that impacted you: _____

Address where damage occurred, including zip code (note: only one application per household):

Current mailing address: _____

Telephone: _____ E-mail (if any): _____

If you rent, name of landlord: _____ Number: _____

Proof that this was your primary residence at the time of the fire is required.

This is the address you use on your federal tax return, your voter registration, your driver's license or other photo identification, and your utility bills. Please provide a copy of any one of these documents with your application.

Briefly explain how you were impacted by the fire. Was your primary residence destroyed or significantly damaged by the fire? Was your car destroyed? Did you have evacuation costs?

To what degree, if any, are you insured for any of your losses? (renters, homeowners, and/or car insurance)

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

Signature: _____ Date: _____

Return completed application to NCO / Robyn Bera
rbera@ncoinc.org | 413 N State Street, Ukiah CA 95482 | (707) 467-3210

DEADLINE TO APPLY: All applications must be received within 30 days after official containment of the fires.

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE

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 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"/>	Two-Parent Household	<input type="checkbox"/>	Buying	<input type="checkbox"/>	Farmer
<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Rent	<input type="checkbox"/>	Seasonal farm worker
<input type="checkbox"/>	Adults- No Children	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	No English
<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 Annual Household Income, including all sources (please select one)			
<input type="checkbox"/>	\$0-\$10,999	<input type="checkbox"/>	\$11,000-\$19,999
<input type="checkbox"/>	\$20,000-\$29,999	<input type="checkbox"/>	\$30,000-\$39,999
<input type="checkbox"/>	\$40,000-\$49,999	<input type="checkbox"/>	\$50,000-\$59,999
<input type="checkbox"/>	\$60,000-\$69,999	<input type="checkbox"/>	\$70,000-\$79,999
<input type="checkbox"/>	\$80,000-\$89,999	<input type="checkbox"/>	\$90,000-\$99,999
<input type="checkbox"/>	\$100,000+		

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

AGENCY USE ONLY: