



(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](mailto: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<br>Partner/<br>Child/Etc.                                       | Name<br>Last, First | Gender<br>(M=Male F=Female) | Birth Date | Latino (Yes or No) | Race<br>AA= African American<br>W=White<br>NA= Native American<br>A= Asian<br>O=Other<br>MR= Multi Race | Marital Status<br>NM=Never married<br>M=Married<br>D= Divorced<br>S= Separated<br>W= Widow | DO YOU HAVE HEALTH INSURANCE?<br>(Y=Yes N=No) | ARE YOU DISABLED?<br>(Y=Yes N=No) | EDUCATION<br>0-8<br>9-12/non graduate<br>H.S. Grad/GED<br>12+ some college<br>2 Year Grad.<br>4 Year Grad. |  |
| Self  |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |
|   |                     |                             |            |                    |   |  |   |                                   |  |  |

| FAMILY TYPE                                   |                          | HOUSING  |                          | MILITARY/OTHER – MARK ALL THAT APPLY W/ NAME  |                          |
|---|--------------------------|--|--------------------------|---|--------------------------|
| <input type="checkbox"/> Single Person        | <input type="checkbox"/> | <input type="checkbox"/> Own                                     | <input type="checkbox"/> | <input type="checkbox"/> MILITARY/veteran     | <input type="checkbox"/> |
| <input type="checkbox"/> Two-Parent Household | <input type="checkbox"/> | <input type="checkbox"/> Buying                                  | <input type="checkbox"/> | <input type="checkbox"/> Farmer               | <input type="checkbox"/> |
| <input type="checkbox"/> Single Parent        | <input type="checkbox"/> | <input type="checkbox"/> Rent                                    | <input type="checkbox"/> | <input type="checkbox"/> Seasonal farm worker | <input type="checkbox"/> |
| <input type="checkbox"/> Adults- No Children  | <input type="checkbox"/> | <input type="checkbox"/> Homeless                                | <input type="checkbox"/> | <input type="checkbox"/> No English           | <input type="checkbox"/> |
| <input type="checkbox"/> Adults & Children    | <input type="checkbox"/> | <input type="checkbox"/> Temporarily Living with friend/relative | <input type="checkbox"/> |   |                          |
| <input type="checkbox"/> Other: _____         | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> Public Assistance/General Assistance | <input type="checkbox"/> | <input type="checkbox"/> Farm/Other Migrant Ag Work  | <input type="checkbox"/> |
| <input type="checkbox"/> Veteran Benefits  | <input type="checkbox"/> | <input type="checkbox"/> TANF                                 | <input type="checkbox"/> | <input type="checkbox"/> SSI- (65 or older/disabled) | <input type="checkbox"/> |
| <input type="checkbox"/> Unemployment  | <input type="checkbox"/> | <input type="checkbox"/> Pension/Retirement                   | <input type="checkbox"/> | <input type="checkbox"/> Other: _____                | <input type="checkbox"/> |
| <input type="checkbox"/> Social Security   | <input type="checkbox"/> | <input type="checkbox"/> Employment FT / PT                   | <input type="checkbox"/> | _____  | <input type="checkbox"/> |
| <input type="checkbox"/> CALWORKS  | <input type="checkbox"/> | <input type="checkbox"/> Odd Jobs _____                       | <input type="checkbox"/> | <input type="checkbox"/> CRV-recycling               | <input type="checkbox"/> |

| 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: