

Cache Fire Financial Assistance Application

NCO will use the following information for administration purposes only; your answers will NOT affect your eligibility. This information is required as part of the federal funding regulations. **Required ***

Client Information*			
<i>Household Size</i>		<i>Fire Name</i>	
<i>First Name</i>		<i>Birth Date (MM/DD/YYYY)</i>	
<i>Middle Name</i>			
<i>Last Name</i>			
<i>Other Names</i>		<i>Gender</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary

Contact Information*				
<i>Primary Phone</i>		<i>Secondary Phone</i>		
<i>Personal Email</i>			<input type="checkbox"/> Place on Email List	
<i>Damage address</i>				
<i>Physical Address</i>		<i>State</i>	<i>City</i>	<i>Zip</i>
<i>Mailing Address (if different)</i>		<i>State</i>	<i>City</i>	<i>Zip</i>
<i>Preferred Language</i>				
<i>Do you have Health Insurance?</i> <i>(If yes, please identify the source)</i>	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare	<input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> State Health Insurance for Children	<input type="checkbox"/> Military Health Care <input type="checkbox"/> Direct-Purchase	<input type="checkbox"/> Employment Based <input type="checkbox"/> Unknown

Briefly explain how you were impacted by the wildfire. Was your primary residence destroyed or damaged by the fire? Were you evacuated? How did the evacuation impact you?

What is your current housing situation?

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

Immediate financial support is available for households who suffered a total or partial loss in the Cache Fire. Amounts disbursed will depend on the client's individual needs, household size, and available funding. Photo ID is required with your application. You may also be asked to provide the following:

- Copy of valid photo ID, such as a driver's license.
- Proof of residency (PG&E statement, etc)
- A W9

My signature below certifies that my primary residence was destroyed or damaged by the Cache Fire.

Client Signature _____ **Date** _____

Please return completed form to Angelina Fagundo afagundo@ncoinc.org. Please call 707-998-8642 for assistance.

Applications may also be delivered to North Coast Opportunities at 14290 Olympic Drive, Suite B, Clearlake CA 95422.

For internal use only:

Amount Requested:			
Name of Vendor:			
Vendor Address (where payment should be sent):			
Purpose of request:		Staff Name	

Household Demographics*

Relation to Head of Household Partner/ Child/Etc.	Name Last, First	Gender - Male/Female/Non- Binary	Birth Date	Latino	Race	Marital Status	DO YOU HAVE HEALTH INSURANCE?	ARE YOU DISABLED?	EDUCATION
					AA= African American W=White NA= Native American A= Asian O=Other MR= Multi Race	NM=Never married M=Married D= Divorced S= Separated W= Widow			0-8 9-12/non graduate H.S. Grad GED 12+ some college 2 Year Grad. 4 Year Grad.
<i>Self</i>		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	
		M/F/NB		Y/N			Y/N	Y/N	

Housing (Select One)

<input type="checkbox"/>	Own
<input type="checkbox"/>	Rent
<input type="checkbox"/>	Other Permanent Housing
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Other: _____

Military Status (Select One)

<input type="checkbox"/>	No Affiliation
<input type="checkbox"/>	Active
<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Unspecified

Household Type (Select One)

<input type="checkbox"/>	Single Person
<input type="checkbox"/>	Two Adults NO children
<input type="checkbox"/>	Single Parent Female
<input type="checkbox"/>	Single Parent Male
<input type="checkbox"/>	Two Parent Household
<input type="checkbox"/>	Non-related Adults with Children
<input type="checkbox"/>	Multigenerational Household
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Unknown/Not Reported

Work Status (Individuals 18+)

<input type="checkbox"/>	Employed Full-Time
<input type="checkbox"/>	Employed Part-Time
<input type="checkbox"/>	Migrant Seasonal Farm Worker
<input type="checkbox"/>	Unemployed (Short-term, 6 mo. or less)
<input type="checkbox"/>	Unemployed (Long term, more than 6 mo.)
<input type="checkbox"/>	Unemployed (Not in Labor Force)
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Other

Source(s) of Household Monthly Income <i>(Select All That Apply)</i>	Other Income Sources <i>(Select All That Apply)</i>	Non-Cash Benefits <i>(Select All That Apply)</i>
<input type="checkbox"/> No Income	<input type="checkbox"/> TANF	<input type="checkbox"/> SNAP
<input type="checkbox"/> Employment Income \$ _____	<input type="checkbox"/> SSI (65 or older)	<input type="checkbox"/> WIC
<input type="checkbox"/> Non-Cash Benefits \$ _____	<input type="checkbox"/> SSDI (disabled)	<input type="checkbox"/> LIHEAP
<input type="checkbox"/> Other Income Sources \$ _____	<input type="checkbox"/> Veteran Benefits	<input type="checkbox"/> Housing Choice Voucher
Total Household Income = \$ _____	<input type="checkbox"/> Retirement Income-Social Security	<input type="checkbox"/> Public Housing
	<input type="checkbox"/> Pension	<input type="checkbox"/> Permanent Supportive Housing
	<input type="checkbox"/> Child Support	<input type="checkbox"/> HUD-VASH
	<input type="checkbox"/> Alimony/Spousal Support	<input type="checkbox"/> Childcare Voucher
	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Affordable Care Act Subsidy
	<input type="checkbox"/> EITC	<input type="checkbox"/> Other