

## Rotarians in D5190 are aiding victims of the fires within District boundaries. This is the APPLICATION to receive aid.

EMAIL completed form to dea@district5190.org

OR MAIL to Wyn Spiller · 14011 Gochine · Nevada City CA 95959

| CLIENT INFORMATIO   | N          |          |    |                      |                                       |               |                      |
|---|------------|----------|----|----------------------|---------------------------------------|---------------|----------------------|
| First and Last Name   |            |          |    |                      |                                       |               |                      |
| Best Phone Number   |            |          |    |                      |                                       |               |                      |
| Best Email  |            |          |    |                      |                                       |               |                      |
| Co-Applicant or Alter   | act        |          |    |                      |                                       |               |                      |
| Phone # - Co-Applica  | t          |          |    |                      |                                       |               |                      |
| Relationship to Appli   |            |          |    |                      |                                       |               |                      |
| Which Fire? ☐ Caldor Fire ☐ Dixie Fire ☐ River Fire ☐ Tamarack Fire ☐ Other   |            |          |    |                      |                                       |               |                      |
| FIRE IMPACTED RESIDENCE OR BUSINESS – Primary Focus: Those with Lost/Significantly Damaged Structure                          |            |          |    |                      |                                       |               |                      |
| ☐ Owner ☐ Renter Structure - check one ☐ Business ☐ Single Family ☐ Multi Family ☐ Mobile Home                                |            |          |    |                      |                                       |               |                      |
| ☐ Other (describe)  |            |          |    |                      |                                       |               |                      |
| Address   |            |          |    |                      |                                       |               |                      |
| City  |            | State    |    | Zip Code             |                                       | County        |                      |
|   |            |          |    |                      |                                       |               |                      |
| FAMILY  |            |          |    |                      |                                       |               |                      |
| Number of Family Members?   |            |          |    |                      |                                       |               |                      |
| Number of children?   |            |          | W  | What are their ages? |                                       |               |                      |
| Number of pets/animals?   |            |          | Ту | pes?                 |                                       |               |                      |
| PLEASE DESCRIBE YOUR MOST PRESSING NEEDS  |            |          |    |                      |                                       |               |                      |
| T LEAGE DEGOTIBE TOOK WOOT FILEGUING NEEDS  |            |          |    |                      |                                       |               |                      |
|   |            |          |    |                      |                                       |               |                      |
|   |            |          |    |                      |                                       |               |                      |
|   |            |          |    |                      |                                       |               |                      |
| CURRENT LOCATION  |            |          |    |                      |                                       |               |                      |
| ☐ Living at pre-disaster address — do not need to complete the remainder of this section                                      |            |          |    |                      |                                       |               |                      |
| ☐ Have new residence ☐ In a temporary location ☐ Staying with others ☐ In a disaster shelter                                  |            |          |    |                      |                                       |               |                      |
| CURRENT Mailing Ad  | dress      |          |    | <del>,</del>         |                                       |               |                      |
| City  |            | State    |    | Zip Code             |                                       | County        |                      |
| AODEEMENT   |            |          |    |                      |                                       |               |                      |
| AGREEMENT   | a Dotani f | amily /- |    | iana mar             | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ctated my inf | formation truthfully |
| $\square$ I am a Rotarian/in a Rotary family (some restrictions may apply) $\square$ I have stated my information truthfully. |            |          |    |                      |                                       |               |                      |