

APPLICATION for UWST Steuben County Flood Response Fund

Applicant's Name _____ Birth Date: _____ Age: _____

Property Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____

1. Number of person(s) in household; including applicant: _____

2. Provide name, age, and relationship(s) of all household members:

Name	Age	Relationship
		Self

3. Do you have a current Homeowner's or Renter's Insurance policy? Yes No

If yes, have you submitted a claim? Yes No

If yes, what is the claim status? _____

If yes, do you have a deductible? Yes No

If yes, are you able to pay your deductible? Yes No

4. Is this a single-family home? Yes No

5. Is this a Mobile Home (or) Single-story house (or) Two-story house

6. Is this your first application to the United Way flood funding for Steuben County?

Yes No

7. Please provide a description of your living situation pre & post flood:

8. Other Resources Accessed: (other programs/agencies you have applied for flood help with)

Agency	Date Applied	Type of assistance requested	Amount Received	If not received, why not?
<i>EXAMPLE: Red Cross</i>	<i>8-21-21</i>	<i>Hotel stay</i>	<i>\$100</i>	

9. Dollar amount you are requesting (between \$250 and \$2,500): \$ _____

10. If awarded, what will this money be used for? _____

11. Please provide any other pertinent information you think we should know: _____

12. Please provide a copy of your drivers license or utility bill to verify residency

All information provided will be kept confidential. All applications received will become the property of Arbor Housing and Development.

I (We) hereby apply for assistance from Arbor Housing and Development. I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

Applicant's Signature

Date

CLIENT RELEASE:

I, _____, give my permission to representatives of Arbor Housing and Development to speak to and share the application information regarding emergency funding through United Way and The Corning Foundation .

Signed _____

Date _____

Return application in person, by mail, email, or call for assistance:

Arbor Housing & Development
26 Bridge Street
Corning, NY 14830

Arbor representative: Georgia Landon, Home Ownership Services Intake Coordinator

Email: glandon@arbordevelopment.org

Phone: (607) 654-7487 x2049