

Funding for this project are from the donated funds to the Omaha Community Foundation for the Flood relief for those people who have been displaced due to the 2019 flood. Currently there is a limited amount of funding, so it will be on a first come first serve basis. Each household will be allowed an amount not to exceed \$500 and if more funds become available later, we will offer up another round. The funds will not be paid directly to an individual but to pay for things like rent, mortgage, hotel bill, deposits, utilities, storage or other items that you may be impacted with during the flood of 2019.

Things you will need to have when applying for this funding:

- 1. You will need an ID with a photo, name & address**
- 2. A bill that needs to be paid**
- 3. If the request is for rent, mortgage or hotel you will need the Landlord page signed**
- 4. We cannot pay rent to a relative or family member at this time**

This application must be submitted in person at Harrison County General Relief office located at 207 E 7th St. in Logan, IA to finish processing the application. This is a necessary fraud prevention measure.

The hours will be Tuesday, Wednesday & Thursday; from 8:15-4:15. If these hours do not work for your schedule, you may call the Auditor's office @ 712-644-2401 and schedule a different time. If you have questions you may also email; va@harrisoncountya.org

You may also download a PDF version of this form that you can complete by hand at this link:

HARRISON COUNTY FLOOD FUND

207 E. 7TH ST.
LOGAN, IA 51546

Phone: (712) 644-2760
Website: <http://www.harrisoncountyia.org>

HARRISON COUNTY FLOOD FUND APPLICATION

DATE: _____

Applicant Information

First Name:	Middle Name:	Last Name:	Maiden Name:
Phone:		Alternate Phone:	
Social Security #		Date of Birth	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Do you have a legal guardian/conservator (person who makes decisions about you or your money)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please provide your street address in the flood area

Street	City	State	Zip

Please provide your current mailing address

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How long have you resided in Harrison County?

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Please list all other persons in your household

Name	Date of Birth	SS# (adults only)	Relationship

Flood Relief Assistance is being requested for help with:

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Describe circumstance for why Flood Relief Assistance is needed:

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Employment History

Are YOU currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please provide last paystub as proof of employment)</i>	
Current or last employer: Self employed	

HARRISON COUNTY FLOOD FUND APPLICATION

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Do you or your spouse own or are you buying land or property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have a mortgage <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide:</i>	<i>Mortgage Holder Name</i>		
Do you need assistance paying rent where you are currently staying <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you need assistance with paying a hotel bill <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide:</i>	<i>Name of Landlord or Hotel</i>	<i>Address & Phone #</i>	
Are you currently paying storage fees <input type="checkbox"/> Yes <input type="checkbox"/> No name & address if yes			
Are you needing money to pay for deposits <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide:</i>	<i>Name of where you need to pay deposits to:</i>		

Any other information we may need to process this request:

HARRISON COUNTY FLOOD FUND APPLICATION AGREEMENT

I certify that all the information given by me in this application are correct and true to the best of my knowledge.

A copy of this application will be given to you for your records.

Applicant Signature

Date

HARRISON COUNTY FLOOD FUND

207 E. 7TH ST.
LOGAN, IA 51546

Phone: (712) 644-2760
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RELEASE OF INFORMATION

I authorize any and all parties to release confidential information concerning my personal and/or financial situation to the Harrison County General Relief Office for the purpose of establishing eligibility for general assistance according to the Code of Iowa, Chapter 252.

I release any and all parties from any liability for releasing information whether such information is deemed confidential or not. A photocopy of this form shall have the same force and effect as the original.

Applicant Signature

Date

Applicant Printed Name

HARRISON COUNTY FLOOD FUND APPLICATION

GENERAL RELIEF LANDLORD AGREEMENT

I UNDERSTAND THAT HARRISON COUNTY GENERAL RELIEF HAS AGREED TO PAY \$ _____
ON BEHALF OF _____, TENANT(S), FOR RENT.

I AGREE, BY ACCEPTING THESE FUNDS, NOT TO EVICT THIS TENANT FOR A PERIOD OF NO LESS THAN
THIRTY (30) DAYS FROM DATE APPROVED FOR ASSISTANCE FOR NON-PAYMENT OF RENT.

NO FUNDS WILL BE RELEASED UNTIL THIS FORM IS RETURNED TO HARRISON COUNTY GENERAL
RELIEF.

LANDLORD SIGNATURE

DATE

LANDLORD PRINTED NAME

MAILING ADDRESS

PHONE NUMBER