



# Application for Assistance

## Pre-Screen Questions for Eligibility:

1. Do you live in Lewis or Upshur County?
2. Did you experience damage/loss from the flood that occurred on July 21, 2026?
3. Did you complete the Disaster Assessment Form (Survey 123)?
4. Do you have photos of your damages?

Answer must be **YES** to all questions to be eligible for assistance.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Email \_\_\_\_\_

Please list everyone living in the home and their relationship to you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_



Type of Residence (please circle):    House            Mobile Home            Apartment            Farm

Damage done to the residence (please check):

- ☐ Destroyed – Can't be repaired  
☐ Major – Has quite a bit of structural damage that can be repaired  
☐ Moderate – Has some structural damage that can be repaired  
☐ Minor – Has a little damage that can be repaired

Please check all that apply:

- ☐ I have homeowners' insurance            ☐ I have renters' insurance  
☐ I have flood insurance            ☐ I do not have property insurance

Did you receive assistance from your insurance?            Yes            No

Total Household Income *(Used for Information Purposes, Not Eligibility)*

- |                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> \$0 (no income)     | <input type="checkbox"/> \$50,001 – \$75,000  |
| <input type="checkbox"/> \$1 – \$12,000      | <input type="checkbox"/> \$75,001 – \$100,000 |
| <input type="checkbox"/> \$12,001 – \$24,000 | <input type="checkbox"/> Over \$100,000       |
| <input type="checkbox"/> \$24,001 – \$50,000 |                                               |

Please list any assistance you have received from other organizations or agencies:

(Name of Organization/Agency Amount Received)

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Please explain the damage/loss you sustained:

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By checking this box, I approve of our information being shared with other Flood Relief Organizations for the sole purpose of finding additional assistance available.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

During verification process, you will need to provide copies of:

- Driver's License
- Utility Bill Showing Proof of Residence
- Photos/Proof of Flooding Damage

*Please turn this completed form into staff at the Disaster Supply Center at the old Kroger building in Weston. Staff will contact you to perform verification and follow-up.*