



CLIENT INFORMATION	
First and Last Name	
Best Phone Number	
Best Email	
Co-Applicant or Alternate Contact	
Phone # - Co-Applicant/Contact	
Relationship to Applicant	
Which Fire? <input type="checkbox"/> Caldor Fire <input type="checkbox"/> Dixie Fire <input type="checkbox"/> River Fire <input type="checkbox"/> Tamarack Fire <input type="checkbox"/> Other	

FIRE IMPACTED RESIDENCE OR BUSINESS – Primary Focus: Those with Lost/Significantly Damaged Structure	
<input type="checkbox"/> Owner <input type="checkbox"/> Renter Structure - check one <input type="checkbox"/> Business <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family <input type="checkbox"/> Mobile Home	
<input type="checkbox"/> Other (describe)	
Address	
City	State
Zip Code	County

FAMILY	
Number of Family Members?	
Number of children?	What are their ages?
Number of pets/animals?	Types?

PLEASE DESCRIBE YOUR MOST PRESSING NEEDS

CURRENT LOCATION
<input type="checkbox"/> Living at pre-disaster address – <i>do not need to complete the remainder of this section</i>
<input type="checkbox"/> Have new residence <input type="checkbox"/> In a temporary location <input type="checkbox"/> Staying with others <input type="checkbox"/> In a disaster shelter
CURRENT Mailing Address
City
State
Zip Code
County

AGREEMENT
<input type="checkbox"/> I am a Rotarian/in a Rotary family (some restrictions may apply) <input type="checkbox"/> I have stated my information truthfully.