

Disaster Relief Application

Disaster Relief Application Form for Churches



Name of the church: _____

Phone number: _____

Email address: _____

Contact Information:

Name of primary contact person: _____

Phone number: _____

Email address: _____

Insurance deductible: _____

On a separate document please provide the following.

Description of Disaster:

Please provide a brief description of the disaster that the church has experienced, including the type of disaster, the date it occurred, and the location.

Impact of Disaster:

Please describe the impact of the disaster on the church and its community, including any damage to property or infrastructure.

Relief Requested:

Please describe the specific relief that the church is requesting, including any immediate needs such as food, water, and shelter, as well as longer-term needs such as repairs or rebuilding.

Supporting Documents:

Please attach any supporting documents that may help to explain the impact of the disaster and the relief that is being requested, such as photos, videos, or official reports.

Church Information:

Please provide some basic information about the church, including its size, the number of members, and any programs or services that it offers to the community.

By submitting this form, the church acknowledges that all information provided is accurate to the best of their knowledge, and that any relief received will be used for the intended purpose of supporting disaster relief efforts.

Signature: _____ Date: _____