

**WARF**  
**Hurricane Irene Relief Fund**  
61 State Route 296  
Windham, NY 12496

**Windham Chapter – (Relief Fund)**  
**of the Catskill Mountain Foundation**  
PO Box 600  
Windham, NY 12496

**Application for Assistance to Residents**

**SECTION A: CONTACT INFORMATION**

Applicant Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Rent /Own (circle)  
Property Tax Map ID#: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_  
Are you a permanent resident of the WAJ School District? Yes/No (circle) # of people living in residence: \_\_\_\_\_  
Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**SECTION B: DAMAGE DESCRIPTION (Please submit photos and estimates/receipts of damage as part of your application)**

- 1) How Hurricane Irene Affected the Property (Please check all that apply):  
Foundation \_\_\_\_\_ Building \_\_\_\_\_ Heating System \_\_\_\_\_ Grounds/Driveway \_\_\_\_\_
- 2) How high was the water in the residence? (Basement/First Floor?) \_\_\_\_\_
- 3) Briefly describe the damage to the residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Please state the estimated repair costs for the damages to your residence: \$ \_\_\_\_\_
- 5) Please list/describe personal property loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Please state the estimated costs for personal property loss/damage: \$ \_\_\_\_\_

7) Please describe the damage to the driveway/yard: \_\_\_\_\_  
\_\_\_\_\_

8) Did you get an estimate for repair to the driveway/yard? Yes/No (circle one)

8a) If so, what was the estimate? \$ \_\_\_\_\_

9) Please describe any other damage or loss sustained that is not described above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Please state the estimated costs for other damage or loss: \$ \_\_\_\_\_

11) TOTAL ESTIMATED COSTS FOR ALL DAMAGES OR LOSS: \$ \_\_\_\_\_

**SECTION C: MEANS OF SUPPORT TO RECOVER/REBUILD**

1) Did you apply for assistance from FEMA? Yes/No (circle one)

1a) Did you receive financial assistance? Yes/No (circle) 1b) If so, what was the dollar amount? \$ \_\_\_\_\_

*\*Please attach either a denial statement or a statement of award amount from FEMA.*

2) Have you (or do you expect to) received any other monetary relief for your damage/losses? Yes/No (circle)

2a) If yes, please list source(s) of funds and dollar amounts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Are you insured for any of the following?

Building Structure: Yes / No (circle) If yes, how much do you expect to receive? \$ \_\_\_\_\_

Personal Property: Yes / No (circle) If yes, how much do you expect to receive? \$ \_\_\_\_\_

Driveway and yard: Yes / No (circle) If yes, how much do you expect to receive? \$ \_\_\_\_\_

*\*Please attach either a denial statement or a statement of award amount from your insurance company.*

4) What personal resources do you have to repair the damage to your residence and replace losses? \_\_\_\_\_  
\_\_\_\_\_

**SECTION D: USE OF GRANT FUNDS**

1) How much WARF/Windham Chapter funding is requested? \$ \_\_\_\_\_

2) Please briefly describe what you intend to do with any grant money awarded to you by WARF and/or The Windham Chapter of the Catskill Mountain Foundation:

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**APPLICANT STATEMENT**

- I certify that I have suffered the damage to my residence as stated in this application.
- I warrant that the information contained in this application is accurate and complete.
- I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal of assistance or demand of reimbursement of funds, under this program.
- I understand that the granting of assistance under this program is neither a right nor an entitlement and that the Boards of WARF and the Windham Chapter of the Catskill Mountain Foundation shall have sole discretion in making an award determination.
- I understand that I am not eligible for benefits under this program if I have received insurance payments and/or assistance from other programs the total of which reimbursed me for 100% of my damages.
- I understand that I will be responsible for providing proof of expenditures in the form of documentation and photographs for funds awarded under this program.

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

*Completed applications should be returned to:*

**WARF/Windham Chapter of CMF Relief Funds**  
c/o Windham Mountain Outfitters  
61 State Route 296  
Windham, NY 12496

*and must be RECEIVED by October 24, 2011*