



# Cook County Disaster Grant (CCDG)

OFFICE USE ONLY ( Do not write in this box )

Application Taken By: \_\_\_\_\_

Application Date: \_\_\_\_\_

PM Approved: \_\_\_\_\_ Date: \_\_\_\_\_

PM Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Format:  Mail  Fax  Tel  In Person

Monitor: \_\_\_\_\_

District: \_\_\_\_\_

Referral: \_\_\_\_\_

Please print and complete the form below then **fax it to us at 312-603-9883**. Items marked with an asterisk (\*) are required.  
If applying for residential mold remediation or home repair, only the property owner may apply.

### PERSONAL INFORMATION

1.

\* First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

2.

\* Language(s):  English  Spanish  Other: \_\_\_\_\_

3.

\* Mailing Address: \_\_\_\_\_

Apt./Ste./Unit #: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* ZIP: \_\_\_\_\_

4.

\* Phone Number: \_\_\_\_\_

This is my  Home  Business  Cell

Alternate Phone Number: \_\_\_\_\_

This is my  Home  Business  Cell

5.

Email Address: \_\_\_\_\_

6.

\* Date of Birth (MM/DD/YYYY):     /     /

<b>7.</b>	* SSN:           -           -	Tax ID (if applicable):           -
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<b>8.</b>	FEMA ID #:
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<b>9.</b>	* Combined family gross income: \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly
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<b>10.</b>	*I attest, under penalty of perjury, that I am (select one):	
	<input type="checkbox"/> A citizen of the U.S.A.	
	<input type="checkbox"/> A lawful permanent resident	
	<input type="checkbox"/> An alien authorized to work   (Alien #)	
	<input type="checkbox"/> Other (please specify):           (Alien # or Admission #)	

	<b>PROPERTY DAMAGE</b>
	* Home Damage: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Property Address:
<b>11.</b>	Apt./Ste./Unit #:
	City:
	State:
	ZIP:

	Occupants living in damaged property (List yourself first):								
	Last Name	First Name	MI	Relation	SSN	DOB (MM/DD/YYYY)	Age	Dependant Yes   No	
				SELF	-   -	/   /		<input type="checkbox"/>	<input type="checkbox"/>
					-   -	/   /		<input type="checkbox"/>	<input type="checkbox"/>
					-   -	/   /		<input type="checkbox"/>	<input type="checkbox"/>
					-   -	/   /		<input type="checkbox"/>	<input type="checkbox"/>
					-   -	/   /		<input type="checkbox"/>	<input type="checkbox"/>
					-   -	/   /		<input type="checkbox"/>	<input type="checkbox"/>

<b>13.</b>	* Residence Type: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Apt. <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Other
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<b>14.</b>	* Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>15.</b>	* Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent
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<b>16.</b>	* Is your home accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain):
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<b>17.</b>	* What assistance did FEMA previously provide you? (Include dollar amount.)
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<b>18.</b>	* What issues are you still facing as a result of the floods in regards to your property?
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<b>19.</b>	Please detail any flood damage to other personal property.
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<b>20.</b>	* What other issues are you still facing as a result of the floods?
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<b>21.</b>	Comments:
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<b>22.</b>	<p>* I attest, under penalty of perjury, that all the information I have provided is accurate and truthful to the best of my knowledge. By signing my name below, I agree that it will serve as my digital signature.</p> <p>* <b>Signature:</b> _____ <b>Date:</b> _____</p>
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## APPLICATION/REGISTRATION FOR DISASTER ASSISTANCE INSTRUCTIONS

1. Enter the first name, middle initial and last name of the applicant. Jr., Sr., etc. should follow the last name. Please enter name of contact person in section 1 if applying on behalf of an organization.
2. Check the language(s) that the applicant speaks.
3. Enter the applicant's mailing address. It may or may not be the same as the Damaged Property Address or where the applicant is now living. The Mailing Address may not be a post office box or general delivery address.
4. Phone Number. Enter the current phone Number where the applicant can be reached. Alternate Phone Number: Other Phone Number where applicant can be reached. Note: include extension Number (if available).
5. Enter Email address (if available).
6. Enter the date of birth of the applicant.
7. Enter the applicant's Social Security Number (SSN). If the applicant does not provide an SSN, processing of the application will be delayed.
8. FEMA ID Number. If you have previously applied through FEMA, your FEMA ID Number will be required as well.
9. Enter the combined family gross Income. (This is the amount of income before any deductions, and may include money from employment, Social Security, retirement, welfare, child support, stocks, interest, annuities, and savings or assistance from family and friends. It does not include food stamps or HUD Section 8 assistance). Check the appropriate frequency of pay (weekly, bi-weekly, monthly, semi-monthly, quarterly, or yearly).
10. Citizenship Information. You must be a U.S. Citizen or a qualified immigrant to be eligible for Cook County Disaster Grant assistance.
11. Enter the address at which the damage occurred. Entering "Same As Above" is acceptable.
12. List information for the applicant and all other persons and dependents who consider the damaged home to be their primary residence, whether or not they are related to the applicant. It is important that the applicant's and co-applicants' SSNs are included. Answer if they are a dependent or not.
13. Select the type of property that was damaged (e.g. Mobile Home, Single Family Home, Duplex, etc.).
14. Primary Residence. Is the damaged property also your primary residence?
15. Check Rent or Own. If applying for residential mold remediation or home repair, only the property owner may apply.
16. Home accessible. Please confirm when access to the house is possible.
17. Previous FEMA assistance. This is not an application for FEMA assistance. Prior FEMA assistance will neither guarantee nor disqualify you from receiving support from the Cook County Disaster Grant. However, providing your FEMA ID Number will help us process your application.
18. Please detail what issues you are still facing as a result of the floods in regards to your property.
19. Please detail any flood damage to other personal property.
20. Please detail other issues are you still facing as a result of the floods.
21. Enter any additional comments and explanations that you feel will assist us in processing your application.
22. SIGN and DATE your application.

### PRIVACY STATEMENT

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206. Executive Order 12148, as amended, and Title IV of The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. §§ 1601 et seq., authorizing the collection of this information. The primary use of this information is to determine your eligibility to receive CCDG disaster assistance. Disclosure of this information may be made: upon written request, to federal and state agencies providing disaster assistance, as well as to local governments or voluntary agencies from which you are seeking assistance, so that assistance efforts or benefits are not duplicated; to agencies, organizations and institutions as necessary for CCDG to obtain information from them in making eligibility determinations; to federal, state, and local government agencies to promote hazard mitigation planning and enforcement; to law enforcement agencies or professional organization where there may be violation or potential violation of law; to a federal, state, or local agency we request information relevant to an Agency decision concerning issuance of a grant or other benefit, or in certain circumstances when a Federal agency requests such information for a similar purpose from us; to a Congressional office in response to an inquiry made at the request of the individual; to the Office of Management and Budget (OMB) in relation to private relief legislation under OMB circular A-19; and to the National Archives and Records Administration in records management inspection conducted under the authority of 44 U.S.C. §§ 2904 and 2906. Your Social Security Number is solicited during registration pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325(d) and 7701(c)(1). Furnishing the Social Security Number, as well as other information, is voluntary, but failure to do so may delay or prevent provisions of disaster assistance.