

# Napa County GSFA Fire-Recovery Grant Funding Application

## Section 1: Assistance Type & Amount

### Fire-Impact Assistance Type Requested:

- Displaced from primary residence due to fires for **30+ days** (Complete Sections 1, 2, 4, 5 & 6. **SKIP 3**)
- Loss of income impairing ability to obtain or maintain housing due to the fires (Complete Sections 1, 2, 3, 5 & 6. **SKIP 4**)

### Amount Requested:

\$500     \$1,000     \$1,500     \$2,000     \$2,500

## Section 2: General Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Total number in your Household: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## Section 3: Loss of Income Verification

Please indicate which programs you received aid from due to fire-related loss of income :

- FEMA                       Napa Fire Recovery Center                       Family Resource Center(s)  
 EDD/Unemployment                       Other \_\_\_\_\_ (please explain)                      (please explain)

## Section 4: Homeowner/Parcel Information

Physical Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
 Property Owner (include APN below)     Tenant/Renter (include copy of lease with application)  
Assessor Parcel Number: \_\_\_\_\_  
 Property Destroyed                       Severely Damaged for 30 days or more

## Section 5: Funding Request Detail

Why are these funds needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 6: Signature

I understand any services/supplies I receive grant funds to reimburse are for my personal use and are not to be sold, traded or given away. Further, I understand the services/supplies I received are provided as a public service. No warranty is expressed or implied as to the fitness of the services/supplies. No responsibility is assumed for the consequences of improper use of these goods or services.

I certify **under penalty of perjury** that all information I have provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by County

\_\_\_\_\_  
Date

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## Application Checklist

- Fill in all fields on the front of this application. Ensure contact information (especially email addresses) are clearly legible
  
- Include at least one of the following eligibility documents:
  - ✓ APN (Homeowners)
  - ✓ Lease Agreement or Utility Bill in your name (Renter)
  - ✓ Letter from Employer or Pre-and-Post Fire Paystubs (Loss of Income)
  - ✓ Un-Employment verification letter (Loss of Income)
  - ✓ Letter from case manager at Napa Fire Recovery Center attesting to the above
  
- Include one or more receipts/documents for eligible reimbursement costs:
  - ✓ Bills or Work Order Estimates for Rebuilding Costs incurred
  - ✓ Lease agreements for temporary or permanent new housing
  - ✓ Hotel or other bills for temporary housing
  - ✓ Utility bills

## Additional Notes/Information

(please include here any additional notes/details you would like the grant review committee to consider)