



Disaster Emergency Relief Grant Application – Phase I
(Individual Credit Union Employee or Volunteer)

Name: _____ Email: _____
Home address (disaster location): _____ City, ST & Zip: _____
Direct Work Phone: _____ Cell Phone: _____
CU Name: _____ Title/Position at CU: _____
CU Address: _____ City, ST & Zip: _____
Supervisor Name: _____ Supervisor Title: _____
Supervisor Phone: _____ Supervisor Email: _____

Length of Employment/Volunteer with the Credit Union: _____

How many people live in your residence? _____ Adults _____ Children (18 years and under)

Check one of the following: _____ OWN _____ RENT _____ OTHER (e.g. live with parents or other family, etc.)

If other, please explain living situation: _____

Complete the following with only the loss and expenses you personally have incurred, or will incur.

Describe in detail the estimated damages and losses to your primary residence, structure, attachments, personal belongings, auto, etc., and other circumstances related to the disaster. Include the respective financial expenses below.

Have you been displaced from your home due to this disaster? What are your current living arrangements?

Have you applied for federal disaster relief through FEMA (Federal Emergency Management Agency)? _____

If yes, what was the outcome? _____

Will any damages be covered under insurance? _____ If yes, please provide the deductible amount(s) for each type of insurance the damage falls under- homeowners, renters, car, etc.: _____

Identify and explain the types of expenses already incurred that are being paid for out of pocket (e.g. evacuation/alternate living; initial repairs; storm & safety preparation; etc.): _____

Total estimated out of pocket expenses expected to incur plus out of pocket expenses already have incurred and not covered by insurance/FEMA/or other grant or gift assistance: (Must include a dollar amount. Estimate to best of ability.) \$ _____

Please read the following and sign.

I, the undersigned, swear the provided information is true and all funds that I may receive will be used to aid me and or my family with damages caused by _____.

(Specify Type of Disaster)

(Signature of Applicant)

(Date)

(Signature of Direct Supervisor)

(Signature of Credit Union CEO is required)

Phase I disaster emergency relief are provided upon approval from grants committee up to a maximum of \$1,000 per credit union employee or credit union volunteer serving on the board or a committee.

This form should be returned to the Cornerstone Credit Union Foundation, Grants Manager, Emily Moreno via mail, fax or email. 6801 Parkwood Blvd. Suite 300 • Plano, TX 75024 • Fax 469-385-6483 • Email emoreno@cscuf.coop • Phone 800-953-8283