

PROJECT: VETRELIEF

HURRICANE DISASTER RELIEF REQUEST

For Florida veterans and active-duty military households affected by a recent hurricane.

If approved, assistance is provided as a food gift card.

1 APPLICANT & MILITARY STATUS

FULL NAME

PHONE

EMAIL

MILITARY STATUS: ☐ Veteran ☐ Active duty ☐ Other: _____

BRANCH OF SERVICE

DISCHARGE TYPE (IF VETERAN)

2 HURRICANE IMPACT & HOUSEHOLD

STORM NAME (IF KNOWN)

COUNTY OF AFFECTED HOME

ADDRESS OF HURRICANE-AFFECTED HOME

CITY / STATE / ZIP

Was this home your primary residence when the hurricane occurred? ☐ Yes ☐ No

Was this home located in the area affected by the recent hurricane? ☐ Yes ☐ No

Did you experience major damage to your home? ☐ Yes ☐ No

Did you experience damage to your property? ☐ Yes ☐ No

Were you displaced from your home due to the hurricane? ☐ Yes ☐ No

NUMBER OF DAYS WITHOUT POWER (ENTER 0 IF NONE)

NUMBER OF PEOPLE IN HOUSEHOLD

Briefly describe the damage to your home/property or reason for displacement:

3 MAILING ADDRESS IF APPROVED

☐ Same as affected home address ☐ Different mailing address (complete below)

MAILING STREET ADDRESS / PO BOX

CITY / STATE / ZIP

Applicant signature: _____ Date: _____

Submit: applications@projectvetrelief.org | Fax: 407-299-0901 | Questions: 407-295-2631