



LNU Lightning Complex Fire Relief Fund Application Guidelines

The Travis Credit Union Foundation is providing funds to individuals and families who have been impacted by the LNU Lightning Complex Fire in Solano, Yolo and Napa counties.

Financial assistance is available for:

Lost Home	Up to \$20000
Damaged Property/Personal Items	Up to \$5000

The amount distributed is determined in the sole discretion of the Travis Credit Union Foundation and its LNU Lightning Complex Fire Relief Committee.

Lost Home Category – this amount will supplement insurance – helping to cover food and housing costs.

Damaged Property Category - this amount will supplement insurance – helping to cover costs of rebuilding or repurchasing personal items.

To apply, please complete the application below and submit it to Dimpel Sandhu, at dsandhu@tcufund.org. Your application can also be mailed to:

Travis Credit Union Foundation
PO Box 1086
Vacaville, CA 95687-9998

Please attach requested documents and any additional information you wish to submit. Only one application per household will be accepted. **Application review will begin on October 1st, 2020.** You will be notified via email upon review of application. Please allow for 1 – 2 weeks to receive funds upon approval of application.

Public records will be used to verify the information provided in the application

Travis Credit Union Foundation's LNU Lightning Complex Fire Relief Fund Application

Date: _____

Legal Name(first/last)_____ Birthdate_____

Spouse Legal Name (first/last)_____ Birthdate_____

Phone Number:_____ Email:_____

Employment Status: Full-time Part-time Retired Unemployed Self-employed

Annual Income: _____

To provide proof of income, submit one of the following: Income verification letter from employer, pay stub, 2019 tax return, social security documents, disability insurance, pension, or unemployment documentation.

PRIOR TO THE FIRE

Address:_____

City_____ State_____ Zip_____

Own Rent Live with family/Friends

Type of property: Apartment Single family dwelling Hotel Trailer/Mobile Home

Other_____ Rent:_____ Monthly Weekly Biweekly Daily

To provide proof of residency, submit one of the following: passport, driver's license, utility bill, or bank statements

AFTER THE FIRE

Current Address:_____

City_____ State_____ Zip_____

Own Rent Live with family/Friends

Type of property: Apartment Single family dwelling Hotel Trailer/Mobile Home

Other_____ Rent:_____ Monthly Weekly Biweekly Daily

FAMILY MEMBERS

Relation to Head of Household	Legal Name (first/last)	Birthdate
<i>Self</i>		

INCOME

Please provide proof of all income for each individual in your family.

Legal Name	Income type						
	Annual Wages	SSI	SSA	SSDI/ SDI	Self-Employed	Rental Income	*Other

*Note: Include any income from dividends, trust funds, alimony, unemployment, investments and other

DISASTER RELATED ASSISTANCE/DUPLICATION OF BENEFITS INFORMATION

Have you registered with FEMA? YES _____ NO _____ FEMA # _____ If NO, why not?

Have you received any assistance from FEMA to date? YES _____ NO _____

Do you have FIRE Insurance? YES _____ NO _____

Insurance/ Benefits				
	Fire Insurance	FEMA	Community Funding Nonprofit/Institutions	Other: Go Fund Me/Family, Friends
Amount Applied				
Amount Received				
Amount Will Receive				

REQUEST FOR SUPPORT

Option 1

Damage to or Loss of Home

Was it a complete loss or partial, if partial please explain:

Cost to Rebuild: _____

Estimated Completion Date: _____

Is the loss of property impeding you access to safe housing? YES _____ NO _____ If Yes, please provide details:

Option 2

Loss of Other Property

If applying for other loss than property, please provide details:

Estimated cost of replacement: _____

Is the loss of property impeding you access to earning income? YES _____ NO _____ If Yes, please provide details:



Do you have any family members who are employees, officers or directors at the Travis Credit Union Foundation or Travis Credit Union. YES _____ NO _____

If Yes, please provide name _____

For all adults over 18: please read the following and sign.

I/we, the undersigned, swear the provided information is true and understand that public records will be used to verify my application. All funds that I may receive will be used to aid me and or my family with damages caused by the LNU Lightning Complex Fire.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date