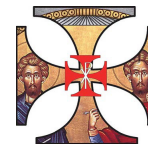




**PERSONAL AND CONFIDENTIAL**

**GREEK ORTHODOX ARCHDIOCESE OF AMERICA**



**DIRECT ARCHDIOCESAN DISTRICT  
LADIES PHILOPTOCHOS SOCIETY**

8 East 79<sup>th</sup> Street, New York, NY 10075

**HURRICANE SANDY DISASTER RELIEF APPLICATION FORM**

*The Greek Orthodox Archdiocese (Direct Archdiocesan District) and the DAD Ladies Philoptochos Society are dedicated to helping those members of the community who have been impacted by Hurricane Sandy. As we recognize that the process of recovery can be overwhelming, challenging, oftentimes frustrating and very stressful, we are reaching out to help you access the financial assistance and/or services you need both immediately and in the long-term to help you return your life to normalcy as quickly as possible.*

***Please complete this APPLICATION FORM to the best of your ability, sign and date it and return it to the Archdiocese, the District Philoptochos President, your Parish Priest or your local Philoptochos Chapter President.***

**(PLEASE PRINT)**

DATE OF APPLICATION \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TEL: HOME (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_

TEMPORARY ADDRESS \_\_\_\_\_ APT \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CITIZENSHIP STATUS: \_\_\_ US CITIZEN \_\_\_ GREEN CARD \_\_\_ UNDOCUMENTED \_\_\_ Gk. NAT'L. \_\_\_ OTHER \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE \_\_\_\_\_

OTHERS IN HOUSEHOLD:

NAME	RELATIONSHIP	D.O.B.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARISH OF WHICH YOU ARE A MEMBER: \_\_\_\_\_  
CITY, ST \_\_\_\_\_

**IMPACT OF DISASTER ON YOU / YOUR FAMILY**

- Loss of life
- Personal Injury(ies)
- Hospitalization / Medical treatment required
- Emotional Stress / Anxiety / Depression
- Evacuated from Home/ In Shelter / In other temporary housing / Homeless
- Structural damage to home / foundation
- Loss of Power / Gas
- Loss of telephone / internet access
- Downed Trees / Branches
- Loss of personal belongings e.g. clothing, furnishings, school supplies, etc.
- Loss of ID/ other documents
- Loss of vehicle(s)
- Other \_\_\_\_\_

**PLEASE DESCRIBE HOW YOU / YOUR FAMILY WERE AFFECTED BY THE DISASTER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE DESCRIBE THE DAMAGE TO YOUR HOME:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEMS DAMAGED OR DESTROYED:**

- \_\_\_\_\_Appliances
- \_\_\_\_\_Automobile(s)
- \_\_\_\_\_Central Air Conditioning System
- \_\_\_\_\_Clothing
- \_\_\_\_\_Food / Refrigerator Contents
- \_\_\_\_\_Furniture
- \_\_\_\_\_Furnace
- \_\_\_\_\_Hot Water Heater
- \_\_\_\_\_Septic Tank / Sewage System
- \_\_\_\_\_Other \_\_\_\_\_
- \_\_\_\_\_Other \_\_\_\_\_

**HELP FROM INSURANCE / FEMA / AMERICAN RED CROSS / OTHER RESOURCES**

• Are you covered by insurance?  Yes  No Type \_\_\_\_\_

If yes, have you filed a claim?  Yes  No

Has your insurance claim been paid?  Yes  No

If yes, what help did you receive? \_\_\_\_\_

• Are you eligible for FEMA assistance?  Yes  No

If yes, have you applied for FEMA assistance?  Yes  No

Have you received help from FEMA? If yes, please describe \_\_\_\_\_

• Have you applied for assistance from the American Red Cross?  Yes  No

If yes, have you received help? If yes, please describe \_\_\_\_\_

• Have you applied for and/or received help from other resources?  Yes  No

If yes, please describe help received: \_\_\_\_\_

• Have you applied for and/or received help from your local parish / Philoptochos Chapter?  Yes  No

If yes, have you received help? If yes, please describe \_\_\_\_\_

**ARE YOU CURRENTLY EMPLOYED:**  Y  N **OCCUPATION** \_\_\_\_\_

**DID YOU LOSE YOUR PRIMARY EMPLOYMENT AS A RESULT OF THE DISASTER?**  YES  NO

**NAME OF EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**DID OTHERS IN HOUSEHOLD LOSE PRIMARY EMPLOYMENT AFTER DISASTER?**  YES  NO

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*I do hereby affirm that to the best of my ability, I have fully completed this application and that the information provided is true and accurate*

\_\_\_\_\_  
Print name of the person completing this form

\_\_\_\_\_  
Signature of the person completing this form