

Hurricane Helene Relief Application

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Which area do you need the most assistance with following Hurricane Helene? (Please select one and provide details below)

Housing

Medical Needs

Food

Employment Assistance

Other (please specify): _____

Have you applied for or received assistance from any other sources, such as FEMA or similar agencies?

Yes

No

What was the total amount of assistance you received from those sources? _____

What are your specific needs at this time, and how can we help with expenses?

Please share your experience during hurricane Helene that helps us understand your specific needs.
