



# HOSANNA DISASTER RELIEF ASSISTANCE REQUEST FORM

## APPLICANT INFORMATION

**Submit to:** Care Team or Finance Team Leader

Find Current Team Leaders at: <http://www.welcometohosanna.com/ministries-overview> or ask a Council member.

**PLEASE COMPLETE THE FOLLOWING INFORMATION - *PRINT***

DATE:

Last Name	First Name
<input type="text"/>	<input type="text"/>

Street Address
<input type="text"/>

City	State	Zip Code	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Email Address
<input type="text"/>	<input type="text"/>

Please acknowledge that all the information in this request is accurate, and represents the need as of this current date then sign below.

Signature
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### CARE AND FINANCE TEAM LEADERS USE ONLY

<b>ASSIGN APPLICANT NUMBER:</b>	<input type="text"/>
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# HOSANNA DISASTER RELIEF ASSISTANCE REQUEST FORM

## CARE AND FINANCE TEAM LEADERS USE ONLY

<b>APPLICANT # ASSIGNED:</b>	
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HOW WOULD THE HOSANNA DISASTER RELIEF FUND ASSIST IN YOUR DISASTER RECOVERY?


### Hosanna Disaster Relief Fund Administration Use Only

<b>Fund Amount Approved for Disbursement:</b>	\$	
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### Hosanna Disaster Relief Committee Approval (Circle Approval Type)

Approval Type	Fund Administrator	Administrator Signatures
Yes   No	Heda Christ	
Yes   No	Bart Darling	
Yes   No	Richard Moehring	

Team Leader or Team Designee	Date Notified	Team Leader/Designee/OM Signature	Reimbursement Process Date
Finance Team			
Care Team			
Office Manager			