



United Way of the Wine Country
975 Corporate Center Parkway, Suite 160
Santa Rosa, CA 95407
707.528.4485
unitedwaywinecountry.org

Application for Sonoma County Wildfire Relief Fund – Tubbs/Nun/Pocket Fires 2017

Name: _____ Today's Date: _____

Address where damage occurred, including zip code (*note, only one application per household*):

Current mailing address: _____

Telephone: _____ Email (*if any*): _____

If you rent, name of landlord: _____ Telephone: _____

Proof this was your primary residence at the time of the fire is required.

This is the address you use on your federal tax return, your voter registration, your driver's license, or other photo identification, and your utility bills.

Please provide a copy of any one of these documents with your application.

Briefly describe how you were impacted by the 2017 Tubbs, Nuns, or Pocket Fire. Was your primary residence destroyed or significantly damaged by the fire? Was your car destroyed? Did you have evacuation costs? To what degree, if any, are you insured for any of your losses? (homeowners, renters, and/or auto insurance)

Signature: _____ Date: _____

Return completed application to United Way of the Wine Country
975 Corporate Center Parkway, Suite 160 Santa Rosa, CA 95407 or UWWC.general@unitedwaywinecountry.org

DEADLINE TO APPLY: All applications must be received within four weeks after official containment of the Tubbs, Nun, and Pocket Fire

PLEASE COMPLETE ANSWERS ON REVERSE SIDE

Please take a moment to complete this demographic information.

How many people are in your household? Adults: ____ Children: ____ Total in Household: ____		
Relation to Head of Household Spouse/Child/Partner/Etc.	Name Last, First	Birthdate
Self		

Family Type		Housing (Prior to the Fire)	
<input type="checkbox"/>	Single Person	<input type="checkbox"/>	Own
<input type="checkbox"/>	Two-Parent Household	<input type="checkbox"/>	Buying
<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Rent
<input type="checkbox"/>	Adults - No Children	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Adults & Children	<input type="checkbox"/>	Temporarily Living with friend/relative
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Total Pre-Tax Annual Household Income, including all sources (please select one)*							
<input type="checkbox"/>	\$0-\$10,999	<input type="checkbox"/>	\$11,000-\$14,999	<input type="checkbox"/>	\$15,000-\$19,999	<input type="checkbox"/>	\$20,000-\$24,999
<input type="checkbox"/>	\$25,000-\$29,999	<input type="checkbox"/>	\$30,000-\$35,999	<input type="checkbox"/>	\$35,000-\$39,999	<input type="checkbox"/>	\$40,000-\$44,999
<input type="checkbox"/>	\$45,000-\$49,999	<input type="checkbox"/>	\$50,000-\$54,999	<input type="checkbox"/>	\$55,000-\$59,999	<input type="checkbox"/>	\$60,000-\$69,999
<input type="checkbox"/>	\$70,000-\$79,999	<input type="checkbox"/>	\$80,000-\$89,999	<input type="checkbox"/>	\$90,000-\$99,999	<input type="checkbox"/>	\$100,000+

*Proof of income may be required.