



One EC Recovery Project 2016 Flood Assistance

Individual/Household APPLICATION

INSTRUCTIONS

- ❖ Please use this application to apply for assistance if you were impacted by the flood on July 30, 2016.
- ❖ Completed applications can be dropped off at Millworks 8098 Main Street, Ellicott City, MD or mailed to One EC Recovery Project, % St. Paul Catholic Church, 3755 Saint Paul St. Ellicott City, MD 21043
- ❖ Application deadline - Priority Deadline: Friday, March 3, 2017. Final Deadline: Friday, July 28, 2017
- ❖ If you have any questions regarding this application or would like assistance to complete it, please contact the One EC Recovery Project:
 - By e-mail to assistance@ellicottcityrecovery.org
 - By phone at 443-364-8303
 - Visit website <http://www.OneECRecoveryProject.org>

FLOOD RECOVERY GAP ASSISTANCE

About the One EC Recovery Project: The One EC Recovery Project is a non-profit that seeks to provide “gap services” to those affected by the flooding on July 30, 2016 (Clients) with special focus on the Main Street Ellicott City community (Main Street*), in order to assist them in their own recovery. The One EC Recovery Project will solicit and receive cash, building supplies, goods, services, in-kind donations and volunteer labor (Resources) to benefit Clients in their recovery.

**The One EC Recovery Project adopts the Ellicott City Partnership’s (ECP) defined geographic footprint of Main Street as its own understanding of what constitutes the Main Street community. See the ECP map here: <http://bit.ly/2fQKTpp>*

The One EC Recovery Project's Mission: The One EC Recovery Project exists to assist the recovery of those affected by the flooding on July 30, 2016, with special focus on the Main Street Ellicott City community.

APPLICANT INFORMATION

Applicant Name: _____

Date of Birth: _____ Gender: _____ Last 4 digits of SSN: _____

Employment Status: _____

Pre-Flood Address: _____

County: _____

Do you own or rent this residence? _____

Current Address: _____

Current Mailing Address (if different from above): _____

Phone Number(s): _____

Email Address(s): _____

Other members of household:

Name/Relationship: _____ DOB: _____ Gender: _____

Name/Relationship: _____ DOB: _____ Gender: _____

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Primary language spoken at home: _____

Please describe how you were impacted by the flood (consider the impact on your living situation, property damage and personal injury or loss):

What steps have you taken towards your own recovery from the flood? Please describe:

What assistance have you received so far with your recovery from the flood (financial, insurance, donations, volunteer help)? Please describe:

What assistance do you need today as a result of the flood?

Contractor Services

- Home Construction
- Property Construction
- Mold Remediation
- Cleanup/Debris Removal

Referrals for:

- Emotional Support
- Mental Health Services
- Supplemental Food
- Employment/Re-Employment Assistance

Replacement Items:

- Clothing
- Furniture
- Appliances
- Personal Items

Other services/assistance (such as legal advice, assistance with insurance claims): _____

CLIENT STATEMENT OF UNDERSTANDING

I certify that the information I provided is true.

I understand there is no guarantee of receiving assistance.

I understand that I am expected to work with a Disaster Case Manager to create my recovery plan and that I must provide documentation of progress toward that plan to my case manager as requested.

I understand that failure to keep appointments may result in case closure.

I understand that my case may be re-evaluated and that assistance may decrease or end depending progress toward my recovery plan.

(Printed Name)

(Signature)

(Date)