



Napa Valley Community Disaster Relief Fund application for Wildfire Recovery Assistance for Homeowners and Renters

Napa Valley Community Disaster Relief Fund is now accepting applications from Napa County residents impacted by the 2017 wildfires. The maximum grant award is up to \$12,500 for renters and \$35,000 for homeowners to assist with approved repair, rebuilding and/or replacement expenses. Applications for assistance will be accepted through December 31, 2019. Deadline is subject to change.

Eligible applicants to the Fund are Napa County homeowners or renters: whose primary residence sustained structural damage in the wildfires and is identified as having received a red or yellow tag from a municipal or County agency, or have an independent verification of wildfire-related damage that affects the health, safety or habitability of the home; whose total household income is at or below 300% of the Area Median Income for Napa County (*please see page 4*). Homeowners seeking assistance with rebuilding costs must be rebuilding on their original site in Napa County.

For verification purposes, homeowners who are using this application are asked to include the following documentation, as relevant to their request for assistance:

- Proof of homeownership/residence
- 1099 form
- Copy of homeowner's or renter's (if applicable) insurance policy declaration page
- Name and contact information for landlord, if renter
- County tag assessment
- A bid, estimate or receipt from a licensed contractor (including contractor license #), architect, engineer or the Napa County Building Division.

Complete and sign this application and return, via email, to E4E Relief LLC. Please retain a copy for your records.

Email: NapaDisasterRelief@e4erelief.org

All applications will be submitted to E4E Relief LLC, based in Charlotte, North Carolina. E4E Relief LLC, administers the grant process and approves all grant recipients. Decisions are made in accordance with relevant federal and state laws and regulations and are communicated to applicants by email or phone. Applicants will generally receive a call from E4E Relief within two to three business days of receipt of their application to review the application and collect any additional necessary information.

SECTION I: HOMEOWNER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
 Home Telephone: _____ Cell Phone: _____ Email: _____
 Primary Residence Address: _____
 City: _____ County: _____ State: _____ ZIP: _____

If you cannot receive mail at your home address due to the disaster, provide an alternate address below:

Mailing Street Address: _____ City: _____ State: _____ ZIP: _____

A. Family member information (If necessary, please copy this page to add more dependents)

What is your marital status? Single Married Divorced/Separated Domestic Partner

Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Name:	Relationship to Applicant:	Age:	Lives in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. Please answer the following questions to help us better understand your circumstances

- Are you a resident of Napa County? Yes No
- If you answered no to the question above, provide both your address at the time of the fires, and your current address.
 At time of wildfires: _____
 After wildfires: _____
- Do you work in Napa County? Yes No
- What color tag did your property receive from the City or County? Yellow Red 5. Is the damaged property your primary residence? Yes No
- Please indicate the type of assistance you are requesting:

Homeowners

- Expenses associated with repairing my primary residence, which was damaged but not destroyed by the October 2017 wildfires, including fire, smoke or water remediation
- Expenses associated with rebuilding my primary residence, which was destroyed by the October 2017 wildfires
- Content replacement/repairs
- Car replacement/repairs

Renters

- Content replacement/repairs Car replacement/repairs

For both Homeowners and Renters, if you are seeking reimbursements for any of the above expenses already made, please attach all receipts.

SECTION II: OTHER FINANCIAL ASSISTANCE

The purpose of this program is to provide financial assistance that helps to bridge the gap in your ability to pay for replacing essential household contents, making repairs to your damaged home, and/or rebuilding your home. In order to fulfill this purpose equitably, the other financial resources you have at your disposal must be taken into account.

1. Have you already started making repairs to your home? Yes No N/A (renters)

2. Please complete the following table to demonstrate how you plan to pay for the full repair, rebuilding and/or content replacement necessary by listing details of other resources applied for, and provide descriptions of assistance, if received:

		Total Cost of Repairs	\$	
Assistance Sought (check all that apply)	Was assistance received from this source?		Amount of Assistance	Purpose of Assistance
<input type="checkbox"/> Homeowner's/Renter's Insurance	Yes	No		
<input type="checkbox"/> FEMA grant	Yes	No		
<input type="checkbox"/> SBA Loan	Yes	No		
<input type="checkbox"/> Personal Savings	Yes	No		
<input type="checkbox"/> Loan Program	Yes	No		
<input type="checkbox"/> Social Service Organization(s)	Yes	No		
<input type="checkbox"/> Family/Friends	Yes	No		
<input type="checkbox"/> Your Religious Community	Yes	No		
<input type="checkbox"/> Other	Yes	No		
	Total Amount of Assistance Received:		\$	
	Total Amount You Plan to Contribute:		\$	
	Remaining Balance:		\$	

SECTION II: OTHER FINANCIAL ASSISTANCE (continued...)

3. Do your eligible disaster related expenses exceed the grant award amount of this program (please see the first page of this application for the grant award maximums)? YES NO

If your estimated costs exceed the maximum grant award, please tell us how you plan to pay the outstanding balance:

SECTION III: MONTHLY INCOME & EXPENSES

Our fund administrator, E4E Relief, will determine if an applicant's situation is of such a magnitude or severity that it is unlikely that sufficient resources are available to meet the cost of the estimated repairs necessary to ensure the safety, functionality and habitability of an applicant's home. In certain cases, an application may be declined if such a determination is made.

While there is no income requirement for qualified disaster assistance in the immediate aftermath of a disaster, income is considered part of the eligibility requirements for repairs as a result of a disaster. To be eligible, an applicant's total household income must be less than 300% of the Area Median Income level.

See the chart below for maximum income per household size. For example, if an adult and two children live in the same home as the applicant, the applicant's total household income must be less than \$275,437.50 (for a family of 4) to be eligible for assistance.

Please select your household size	Household Size	Income Qualifications
	1	\$ 192,937.50
	2	\$ 220,500.00
	3	\$ 248,062.50
	4	\$ 275,437.50
	5	\$ 297,562.50

Income is not the only determining factor. Financial "need" can also be explained by looking at how, after monthly financial obligations are met, resources may not be available to cover these unforeseen repair costs caused by the wildfires. For this determination, all applicants must complete the following grids, Monthly Household Income and Monthly Expenses.

SECTION III: MONTHLY INCOME & EXPENSES (continued...)

Monthly Household Income

Applicant's regular take-home pay (after taxes)	\$	per month
Spouse's / partner's regular take-home pay (after taxes)	\$	per month
Other household income (from adult children, roommate, etc.)	\$	per month
Self-employment / second job take-home pay	\$	per month
Child support / alimony	\$	per month
Interest / dividends	\$	per month
Rental income	\$	per month
Retirement / pension / 401(k)	\$	per month
Social Security / SSI	\$	per month
Worker's Compensation / disability	\$	per month
Other	\$	per month
<i>Total Monthly Income</i>	\$	per month

Monthly Expenses

Rent / mortgage	\$	per month
Electricity	\$	per month
Gas	\$	per month
Phone	\$	per month
Water	\$	per month
Food	\$	per month
Car payment(s)	\$	per month
Car insurance	\$	per month
Child care / school tuition	\$	per month
Medical costs that insurance doesn't cover	\$	per month
Loans / credit card payments	\$	per month
Home phone / cell phone	\$	per month
Cable / satellite TV	\$	per month
Tuition, books, fees	\$	per month
Other	\$	per month
<i>Total Monthly Expenses</i>	\$	per month

SECTION IV: REBUILDING AND/OR REPAIR VENDOR PAYMENTS (Homeowners only)

In most cases, if the application for assistance is approved, E4E Relief will make grant payments by check directly to the vendor(s) engaged by the homeowner to conduct repairs or rebuild the home. Please provide a list of the vendor(s) who are to receive payment resulting from the approval of this request. Attach appropriate documentation, e.g. bids, estimates, or receipts. Grants for content replacement or reimbursements will be made directly to the grantee, in most, but not all, cases.

Vendor's Name	
Vendor's Address	
Vendor's Phone Number/Email/Website Address	
Applicant's Account/Reference Number	
Contractor License #	
Vendor's Name	
Vendor's Address	
Vendor's Phone Number/Email/Website Address	
Applicant's Account/Reference Number	
Contractor License #	
Vendor's Name Vendor's Address Vendor's Phone Number/Email/Website Address	
Applicant's Account/Reference Number	
Contractor License #	

SECTION V: AGREEMENT AND AUTHORIZATION

I certify that the information provided in this grant application and any attachments to it is true and correct as of the date set forth below. I have made all reasonable efforts to help myself before applying for this grant. My signature acknowledges and permits E4E Relief ("E4E") to verify all information. This includes making appropriate contacts and disclosures with my vendors and others referenced in this application to ensure that reported information is accurate. Any intentional misrepresentation or material omission of information contained in this application or any attachments to it will result in forfeiting this grant application now and in the future and debarment from future Fund grants. I also understand that any such action by me constitutes fraud, which may be reported to Napa Valley Community Foundation and for which I may be liable via civil or criminal action.

In addition, I understand that I am not legally entitled to receive a grant from Napa Valley Community Disaster Relief Fund. In this regard, I acknowledge that neither E4E Relief nor Napa Valley Community Foundation shall be liable to me for, and I hereby release them from, any costs, expenses, damages, claims or loss incurred by me in connection with the approval or disapproval of the grant requested in this application or for anything either of them may do or refrain from doing in good faith.

Signature Required: _____ Date: _____

I may still need additional resources and would like to be contacted by Napa Valley Community Foundation and its nonprofit partners to learn more about additional programs and assistance that may be available to me. By signing below, I am granting E4E Relief permission to share my information (which may include name, telephone number, email, type of assistance provided) with Napa Valley Community Foundation and its community-based partners.

Signature Required: _____ Date: _____