

2018 Hail Storm Damage El Pomar Financial Assistance

Intake Form and Grant Distribution Guidelines

Financial Assistance Criteria (must select one)

- Lives in the damaged area
- Employed in the damaged area
- Visiting the damaged area

Intake Guidelines

1. El Paso County Finance Representative will interview the applicant and determine eligibility.
2. For vehicle damage, the applicant will need to bring in the following:
 - a. Driver's license or other government issued picture ID
 - b. A picture of their damaged vehicle to include a picture of their license plate - an electronic picture of both taken on their cell phone will suffice
 - c. Vehicle Registration for the damaged vehicle
3. For home damage, the applicant will need to bring in the following:
 - a. Driver's license or other government issued picture ID
 - b. A picture of their damaged home to include a picture of the house number located on the exterior of their home - an electronic picture of both taken on their cell phone will suffice
 - c. Proof of ownership - mortgage statement or property tax statement, etc.
4. Temporary Lodging
 - a. Driver's license or other government issued picture ID
 - b. A picture of their damaged residence to include proof that temporary relocated lodging was required (hotel receipt)

Additional guidelines:

- Maximum per household of \$1,250
- Same Amounts apply to uninsured individuals
- Other damages at the discretion of the Intake Team in an amount not to exceed \$100 per item, household max of \$1,250 still applies

Name: _____ Date: _____
 Address: _____ Phone: _____
 # of Licensed Drivers in home: _____ # of Vehicles Impacted: _____
 Drivers License Numbers: _____

Make/Model/VIN _____

Rent or Own: _____ Landlord/Mortgage holder: _____
 Insurance? _____ With Whom? _____

These funds are intended to provide support where other support is not available from Federal, State, and Insurance. Below are the guidelines for distributing funds:

	Per Item	Household Maximum	Recommended Grant Amount
Vehicle Damage – Deductible Assistance	\$250	\$750	
House Damage – Deductible Assistance	\$500	\$500	
Temporary Displacement	\$150	\$300	
Other --			
Other --			
Other --			

Total Grant Amount Recommended: _____

By signing below, I declare that the above information is accurate and true; I understand that supplying false and/or misleading information in order to obtain funds could result in criminal prosecution.

Impacted Individual Signature

_____ Date _____

El Paso County Finance Representative Signature (intake)

_____ Date _____

City of Colorado Springs Finance Representative Signature

_____ Date _____

City Finance Amount Issued (**TOTAL**): _____