

___ INITIAL REQUEST
___ ADDITIONAL REQUEST

KNIGHTS OF COLUMBUS NEBRASKA JURISDICTION NATURAL DISASTER RELIEF REQUEST FORM

Person Requiring Assistance Provide All Applicable Information

Complete Name of
Person Requiring Assistance: _____

Physical and Mailing Addresses: _____ City/Zip: _____

Phone Number(s): _____ Email: _____

If Knight of Columbus (or Widow of), Council Number/City: _____

Indicate whether Catholic and if so provide Parish/City: _____

Provide date and description of the loss and immediate needs if known: _____

Indicate amount of insurance or FEMA assistance received to date if applicable: \$ _____

Describe other assistance already received if applicable: _____

Estimate the total Dollar amount of loss for comparison purposes only: \$ _____

Person Requesting Assistance if Different from Above

If a person is requesting assistance or receiving funds on behalf of another, complete contact information of the requester/receiver and signature shall be provided without exception. The information for additional persons involved in the request shall be provided on the back of this form or by attaching additional sheet(s).

Complete Name of
Person Making Request: _____ Request Date: _____

Address: _____ City/Zip: _____

Phone Number(s): _____ Email: _____

Council Number/City/Title: _____

X _____
Signature of Person receiving funds

X _____
Signature of Knights of Columbus Representative