



# COMSTOCK COMMUNITY CENTER

6330 King Highway, Comstock, MI 49048

## Emergency Flood Funds Application

In order to serve the request for funds resulting from flood damage in Comstock and Kalamazoo Township, we will need to obtain the following information. Any information provided will be considered confidential. Please give the completed form to the director of the Comstock Community Center.

**Name:** \_\_\_\_\_

Number of individuals in the household: \_\_\_\_\_

Phone: \_\_\_\_\_ or Alternative Phone \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_  
\_\_\_\_\_

Own \_\_\_\_ or Rent \_\_\_\_ Email address \_\_\_\_\_

**Financial Information** By giving us this information, it allows us to assist your request more effectively.

Household Monthly income \_\_\_\_\_

Source: \_\_\_\_\_ SS \_\_\_\_\_ SSI \_\_\_\_\_ Employment \_\_\_\_\_

Requested funds: \_\_\_\_\_

For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any written estimates for the items you need? \_\_\_\_\_ Yes \_\_\_\_\_ No

What portion of the required funds are you able to provide: \_\_\_\_\_

Other information you want us to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_