



F.I.S.H. OF SANCAP
a 501(c)(3) non-profit serving Sanibel and Captiva
F.I.S.H. OF SANCAP is an equal opportunity provider.



Nonprofit Disaster Assistance Application

First Name: _____ Last Name: _____

Cell phone _____ E-mail _____

Applicant Demographic Information: Date of Birth _____ Ethnicity _____ Gender _____

Address _____ City _____ Zip code _____

Number of Individuals living in the home _____ *(please list them below, use additional sheet if necessary)*

Name _____ Date of Birth _____ Ethnicity _____ Gender _____

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Name _____ Date of Birth _____ Ethnicity _____ Gender _____

Name _____ Date of Birth _____ Ethnicity _____ Gender _____

Name _____ Date of Birth _____ Ethnicity _____ Gender _____

Applicant Employment Information

Employer Name:		Employer Since:	
Currently Employed: Yes / No	Pay Rate: \$	Hours Per Week:	Pay Frequency:

Co-Applicant Employment Information (if applicable)

Employer Name:		Employer Since:	
Currently Employed: Yes / No	Pay Rate: \$	Hours Per Week:	Pay Frequency:

Veteran: ___Yes ___No Honorable Discharge ___Yes ___No Branch of Service: _____

Have you applied for FEMA? ___Yes ___No Have you applied for an SBA loan? ___Yes ___No

Have you applied for SNAP? ___Yes ___No Have you applied for other financial assistance? ___Yes ___No

Type of Assistance Requested (*example: Rent Assistance, Property Damage, Transportation Needs, Misc Storm Expenses*)

Amount Requested \$ _____

Please list other non-financial needs you or anyone in your household have: _____

Additional Comments _____

F.I.S.H. Representative:

Applicant:

Date: _____

Date: _____

Have you incurred any of the following expenses due to Hurricane Ian? (*check all that apply*)

_____ Lodging Expense due to damage to home or mandatory evacuation

_____ Home Repair/Replacement Expenses for disaster losses not covered by another source.

_____ Rental expenses for alternative housing if you could no longer occupy your primary residence

_____ Personal Property Expenses to repair or replace essential, uninsured personal property

_____ Transportation Expenses for primary vehicles damaged by the disaster.

_____ Medical and Dental Expenses for medical and dental needs or losses caused by Hurricane Ian

_____ Other: _____

CHECKLIST for CLIENT ASSISTANCE APPLICATION

_____ Completed application _____ Copy of ID _____ paystub or proof of employment on or before 09/28/2022

Applicants may also submit copies of any pending invoices for which they are requesting financial assistance.

Return of required documentation does not guarantee approval for financial assistance.



F.I.S.H. Assistance Participant Statement

Name: _____

I would like to remain anonymous: Yes / No

I applied for financial assistance because: _____

As a program participant, please explain how this assistance had helped you and your family: _____

As a program participant, I understand that my participant statement could be used by F.I.S.H. or CFI with their promotional materials and that completion of the participant statement does not guarantee approval and that my feedback will not affect the approval process.

Signature

Date