



Application for Trotwood Disaster Relief Fund Grant



Name:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Last 4 of Social Security Number:

\_\_\_\_\_

Spouse:

\_\_\_\_\_

Current Address:

\_\_\_\_\_

Dependents and Ages (Living With You):

\_\_\_\_\_

Address within Disaster Area:

\_\_\_\_\_

\_\_\_\_\_

Expected Address in Trotwood (If Different Than Above):

\_\_\_\_\_

Amount Requested (No More Than \$1,000):

\_\_\_\_\_

Occupation:

\_\_\_\_\_

Submitted F.E.M.A. Application?  
(Yes or No) \_\_\_\_\_

Submitted SBA Application?  
(Yes or No) \_\_\_\_\_

Years Living in  
Trotwood?: \_\_\_\_\_

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Submitted Ohio EMA Application?  
(Yes or No) \_\_\_\_\_



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Describe how the funds would be used?

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Describe how the funds would help you stay or move back to Trotwood?

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Application for Trotwood Disaster Relief Fund Grant



Describe the loss and estimated value of property:

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

**PLEASE TURN APPLICATION IN AT THE TROTWOOD  
GOVERNMENT CENTER 3035 OLIVE ROAD, TROTWOOD, OH 45426.**

