

# 2018 Hurricane Florence Relief Fund (HFRF) Aid Request

Date of Aid Request: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Primary Residence Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Temporary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home/Work: \_\_\_\_\_ Mobile/Text: \_\_\_\_\_

Email: \_\_\_\_\_

- Applicant Status:
- Individual: St. Basil Orthodox Church (STBOC) parishioner
  - Individual: Orthodox Christian (Not STBOC)
  - Individual: Other
  - Organization: St. Basil Orthodox Church (STBOC)
  - Organization: Other (Specify):

- Sheltering Situation:
- Primary residence
  - Temporary lodging, primary residence uninhabitable

- Needs:
- Food, water, healthcare, hygiene, clothing
  - Lodging (e.g., motel), travel, evacuation
  - Loss of income
  - Buildings and grounds (i.e., parish or primary residences)
  - Other:

Amount Requested:

Amount Approved:

Payment Method:  Check #: \_\_\_\_\_  Cash

Payment Received Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Clergy Review: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant: Submit this completed form:**

- In-person to the STBOC Parish Office
- Via mail to: 4601 Blue Clay Rd, Castle Hayne, NC 28429
- Via e-mail to: [info@wilmingtonoca.org](mailto:info@wilmingtonoca.org)