



Center for Volunteer & Nonprofit Leadership
 433 Soscol, Ave A-100, Napa, CA 94559
 707.252.6222
 cvnl.org

Application for Napa County Wildfire Relief Fund 2017

Please complete this form to the best of your ability. Note: all submitted information will be kept confidential. If you have questions or concerns please contact Jim Tomlinson, Manager, CVNL Napa Office: jtomlinson@cvnl.org or 707.252.6222. Thank you!

PART I: BASIC INFORMATION

First Name: _____ Last Name: _____ Phone: _____

Email: _____

Current Address (**where checks should be mailed**): _____

FOR THOSE WORKING WITH A NONPROFIT ONLY - please provide the following information (below). If you **ARE NOT** working with a nonprofit, you can skip this section.

Organization Name: _____ Organizational Contact: _____

Phone: _____ Email: _____

PART II: DAMAGES/LOSS

Below you will find options for submitting information regarding economic hardship resulting from the fires. If you lost your home or if it was damaged, please complete **BOTH** sections. If you are experiencing economic hardship, but did not lose your home, please complete **ONLY** Section II.

SECTION I – HOME DAMAGE AND LOSS

If your **HOME** was lost or damaged, please provide the physical address: _____

Please verify your home address by including with this completed form a utility bill, tax return, or other proof of residence.

How many people are in your household?		
Adults:	Children:	Total in Household:
Relation to Head of Household Spouse/Child/Partner/Etc.	Name Last, First	Birthdate
<i>Self</i>		

Family Type		Housing (prior to the fire)	
<input type="checkbox"/>	Single Person	<input type="checkbox"/>	Own
<input type="checkbox"/>	Two Parent	<input type="checkbox"/>	Buying

<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Rent
<input type="checkbox"/>	Adults – no children	<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Adults & Children	<input type="checkbox"/>	Living temporarily with a friend or family member
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Please include proof of I.D., which can include a valid driver's license, passport (any country), etc.

SECTION II: ECONOMIC HARDSHIP

Please check all that apply:

I permanently lost my job because of the fires

I experienced economic hardship because I was unable to work (i.e. had to take care of children or loved ones affected by the fires)

I was unable to physically get to work (i.e. had to evacuate home, lost my car, could not leave home due to fire "watch")

My place of work was damaged My place of work was inaccessible because of the fires

Employer Name: _____ Employer Address: _____

Phone: _____ Email: _____

PART III: DEMOGRAPHIC & ADDITIONAL INFORMATION

If not covered above, please briefly describe how you were impacted by the 2017 Tubbs, Nuns, or Pocket Fire.

Total Pre-Tax Annual Household Income, including all sources: _____

Primary ethnicity: _____

Primary language spoken in the household: _____

Signature: _____ Date: _____

**Return completed application to Center for Volunteer & Nonprofit Leadership
433 Soscol Ave, A-100, Napa, CA 94559**

DEADLINE TO APPLY: All applications must be received within four weeks after official fire containment

