



## **Love Jackson County: Disaster Relief Fund**

### **Apply for Assistance**

#### **Who is eligible?**

Any resident of the Jackson County, Kansas area is eligible to receive Holton/Jackson County Chamber Bucks as part of this program. Eligibility will be determined by the following factors:

- \*Reduction of wages due to job status change, economic hardship due to this disaster
- \*Number of individuals in the household
- \*Other household income available

#### **How is assistance distributed?**

After you complete your application, please:

- \* Email it to: [jacocommunityfoundation@gmail.com](mailto:jacocommunityfoundation@gmail.com)
- \* or mail it to:

Jackson County Community Foundation  
PO Box 381  
Holton, KS 66436

A team of three people (one Chamber representative, one JCCF representative, and one Holton FBC representative) will review the application.

If you have been determined to be eligible for this assistance, you will be notified. Please ensure your contact information in this form is accurate.

Once approved, the Chamber Bucks will be sent to you via mail. Please ensure that your mailing address is accurate. We are not responsible for delivery times and or errors on the part of the USPS.

**\*Please limit one application per household**

Application Form:

Applicant's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

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

Household Information:

Please list all people currently in your household: (list yourself)

Name:	Relationship to you:	Is this person employed?	Gross Monthly Income:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Information:

Which statement best describes your current employment situation? (please check one that best explains your current situation.)

- \_\_\_\_\_ I am currently fully employed  
What is your need: (ie...daycare expense, food expense, etc.) \_\_\_\_\_
- \_\_\_\_\_ I am currently employed but my hours/pay has been reduced  
Please explain the amount of reduction and when that took affect: \_\_\_\_\_
- \_\_\_\_\_ I have recently been temporarily laid off with no pay  
When was your last day of work: \_\_\_\_\_
- \_\_\_\_\_ I have recently been permanently laid off  
When was your last day of work: \_\_\_\_\_

Please list your most recent employer:

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Please initial here \_\_\_\_\_ to authorize us to contact your most recent employer.

\*Please email your application to [jacocommunityfoundation@gmail.com](mailto:jacocommunityfoundation@gmail.com) or mail to JCCF PO Box 381 Holton, KS 66436