



## Katrina Relief Application

Name: \_\_\_\_\_  
of person requiring assistance.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address listed above should be your original address before Hurricane Katrina struck. Address must be one of the Disaster Areas listed on the Internal Revenue Services Tax Grant Areas approved by the President of the United States.

<http://www.irs.gov/newsroom/article/0,,id=147055,00.html>.

Temporary Address at this time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of a person or organization that can verify your situation and a means of contacting them:

\_\_\_\_\_

Please give us a short explanation of what happened : \_\_\_\_\_

\_\_\_\_\_

What are you asking for: \_\_\_\_\_

How much are you asking for: \_\_\_\_\_

Are you currently working? Yes No

Do you know when you may be able to go back to work? Yes No

IF so, what is the estimated date you anticipate on going back to work? \_\_\_\_\_

Example of Relief Requests:

Food                      Temporary Housing                      Medical                      Stranded

Injury                      Transportation                      Childcare                      ETC.

Send completed form to:

Sharon Stump  
IGBO President  
6490 W. 5<sup>th</sup> Ave.  
Lakewood, CO 80226  
303-202-5146  
303-234-1030 fax  
[president@IGBO.org](mailto:president@IGBO.org) and/or [stumpowers@aol.com](mailto:stumpowers@aol.com)