

APPLICATION FOR FUNDS

**Funtown Peers: Friends of Seaside Park, LLC
1701 N. Ocean Avenue
Seaside Park, NJ 08752**

The mission of Funtown Peers is to provide relief to residents and business owners in Seaside Park who have suffered as a result of Super Storm Sandy. This application is to be used for individuals and households. All applications will be reviewed on a case by case basis, and a determination will be made within 10 business days.

**All questions can be directed to: Denise Koury at:
runnerkoury@aol.com or 609-802-2871.**

Please note:

- 1. One application per household.**
- 2. Seaside Park must be your PRIMARY residence, and the applicant must have been a permanent resident of Seaside Park on or before October 29, 2012.**
- 3. Funtown Peers: Friends of Seaside Park, LLC reserves the right to ask for any additional information needed in determining the amount an applicant can receive, if any.**
- 4. The disbursement amount is at the discretion of Funtown Peers: Friends of Seaside Park, LLC.**
- 5. Cash disbursements are strictly prohibited.**
- 6. Disbursements can ONLY be made via a prepaid gift card or check paid on behalf of the applicant.**
- 7. Funds are available ONLY to households with a total income of \$60,000 or less.**

Application for Relief Instructions

- 1. The attached form must be completed in its entirety.**
- 2. A copy of your current driver's license must be attached.**
- 3. Applicants who rent MUST provide a copy of their lease agreement.**
- 4. Applicants will be asked to provide documentation in instances where Funtown Peers: Friends of Seaside Park, LLC will be making a direct payment on the applicant's behalf.**

APPLICATION FOR FUNDS

File# _____

Date _____

**FRIENDS OF SEASIDE PARK
APPLICATION FOR INDIVIDUALS REQUESTING FUNDS**

APPLICANT INFORMATION

COPY OF CURRENT DRIVER'S LICENSE IS ATTACHED TO THIS FORM.

If NOT, attach proof that the address below is your PRIMARY residence.

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

Zip:

Is your household income \$60,000 or less? YES NO

Condition of Primary Residence

Destroyed Major Damage Partial Damage No Damage

Is your primary residence insured? Yes No

If so, how much insurance money has been received? \$ _____

If you are insured but have not received any money from your insurance carrier, what is the status of your claim? _____

FEMA Relief Received: \$ _____

Charitable Relief Received: \$ _____

Are you currently displaced?

YES NO

**Amount Requested
\$ _____
(up to \$750.00)**

OWNER

RENTER

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Reason for Request (check all that apply):

- Food Clothing Shelter Transportation Home Clean-up
 Home Contents Repair or Remediation Medicine or Medical Services

CASH PAYMENTS ARE PROHIBITED

Choice of Payment:

- Gift Card Payable to: _____
- Bill Pay – Electric, Gas, Water, Phone, Cable, Mortgage/Rent
(Attach statements)
- Home Improvement Contractor Invoice (Attach)
- Medication /Doctor Visits
(Attach invoices showing amount owed and not covered by insurance)

ADDITIONAL INFORMATION

Current employer:

Employer address:

How long?

City:

State:

ZIP Code:

Did your place of employment close in the aftermath of Super Storm Sandy?

If yes, how long? _____

Were you paid at all during the closure? YES NO

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I hereby certify under penalty of perjury that the foregoing statements and information provided by me are true and correct to the best of my knowledge. I am aware that if any of the statements made by me are willfully false, I am subject to punishment.

Print Name: _____

Signature of Applicant: _____

Date: _____

Mail your completed application to:

***Funtown Peers: Friends of Seaside Park, LLC
1701 North Ocean Avenue
Seaside Park, NJ 08752***

THE REMAINDER OF THIS PAGE FOR OFFICIAL USE ONLY

SPECIAL FILE NOTES