

AMPLIFY Hope: Clearwater Resident Recovery Grant Application

The affected property must be the primary residence of the owner/tenant. The property must have a Clearwater, Florida address. Only one grant shall be awarded per household. AMPLIFY Clearwater reserves the right to request additional documentation for clarification purposes.

Applicant Ir	nformation	
• Nam	ne:	_
• Addı	ress:	_
• City:	:	
• Zip Code:		
Phone Number:		
• Ema	il Address:	_
Property In	formation	
• Type	e of Property: (Check one)	
(O Home	
(O Vehicle	
(O Both	
Damage Inf	formation cribe the damage caused by Hurricane Helen	e & Milton to your property:

D

2. Estimated cost of repairs: \$_____

3. Have you filed an insurance claim?
O Yes
O No
4. Have you applied for FEMA?
O Yes
O No
5. Number of Household Members:
Supporting Documents
Please attach the following documents to support your application:
 Proof of Residency: (2 pieces of mail: One must be utility bill, lease agreement, deed or closing documents or to bill; the other may be voter registration, credit card bill, etc)
Government Issued ID: (Must match address of residence)
Declaration
I, the undersigned, hereby declare that the information provided in this application is true and accurate to the best of many knowledge. I understand that providing false information may result in the denial of my application.
Signature:
Date:
Submission Instructions
Please submit this application and all supporting documents to:
AMPLIFY Clearwater c/o Jeni Torello 1346 S Ft Harrison Ave Clearwater, FL 33756
Or by email to our team at hope@amplifyclearwater.com

For questions or assistance, please contact AMPLIFY Clearwater at 727-461-0011 or $\underline{hope@amplifyclearwater}$. Thank you for your application, and we are here to support you through this recovery process.