

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.

Applic	icant Information		
•	Name:		
•	Address:		
•	City:		
•	Zip Code:		
•	Phone Number:	-	
•	Email Address:		
Prope	erty Information		
•	Type of Property: (Check one)		
	O Home		
	O Vehicle		
	O Both		
Dama	age Information		
1. Describe the damage caused by Hurricane Helene to your property:			

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 m 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.