



23805 Stuart Ranch Road, Suite 140
Malibu, California 90265
310-456-5566

info@MalibuREALTORS.org

Application for Assistance

Name: _____

Last, First, Middle

Address: _____

Street, City, State, Zip Code

Phone #1: _____ (Check One: Day Evening Cell Fax)

Phone #2: _____ (Check One: Day Evening Cell Fax)

E-mail: _____

I HAVE APPLIED FOR ASSISTANCE FROM THE FOLLOWING AGENCIES:

FEMA (Case# _____) SBA (Case# _____)
RED CROSS SALVATION ARMY OTHER

I AM IN IMMEDIATE NEED OF...

FOOD CLOTHING HOUSING TRANSPRTATION MEDICAL OTHER

Please describe (Example, Specific Needs regarding Housing, Food, Clothing, Medical, Etc.)

Signature _____ Date _____

By signing this document, I declare, to the best of my knowledge and belief, the above stated information is true and correct.

Recipients will receive Internal Revenue Service Form No. 1099-MISC if the annual amount provided to each individual is greater than \$600 per calendar year. Please consult an accountant with any questions regarding this form.

For Committee Use Only:

- Reviewed Completed Application and Supporting Documentation
- Verified that Other Resources Have Been Exhausted
- Amount Approved _____