

# Employee Disaster Assistance Application



## Contact Information

|   |  |
|---|--|
| First Name                                    |  |
| Last Name                                     |  |
| Employee ID                                   |  |
| Street Address<br>(Primary damaged residence) |  |
| City, State ZIP Code                          |  |
| Home/Cell Phone                               |  |
| Work Phone                                    |  |
| E-Mail Address                                |  |

## Availability

During which hours are you available to discuss your application for assistance?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings

## Expenses

Do you have homeowners/renters insurance?      Yes  No

Do you have flood insurance?      Yes  No

Tell us the type and amount of expenses for which you are requesting assistance:

| Expenses                                      | Amount | Verifiable with documentation?<br>Y/N |
|---|--------|---------------------------------------|
| Flooding - Home                               |        |                                       |
| Flooding - Automobile                         |        |                                       |
| Temporary Housing                             |        |                                       |
| Personal Expenses<br>(medical, clothes, etc.) |        |                                       |
| Insurance Deductibles                         |        |                                       |
| Other: (Describe) _____                       |        |                                       |
| Other: (Describe) _____                       |        |                                       |
| <b>Total</b>                                  |        |                                       |

Are there any other expenses or circumstances we should consider?

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that Rice University is providing disaster relief in the form of grants and loans dispersed according to severity of damage, need and salary eligibility.

|                            |  |
|----------------------------|--|
| Applicant's Name (printed) |  |
| Applicant's Signature      |  |
| Date                       |  |

| **This section to be filled out by Controller's Office representative** |  |
|---|--|
| Grant Approval Amount   |  |
| Loan Approval Amount  |  |
| Approval Date   |  |
| Approver (Print name)   |  |
| Approver's Signature  |  |