

**APPLICATION for UWST Steuben County Flood Response Fund**

Applicant's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

1. Number of person(s) in household; including applicant: \_\_\_\_\_

2. Provide name, age, and relationship(s) of all household members:

Name	Age	Relationship
		Self

3. Do you have a current Homeowner's or Renter's Insurance policy?  Yes  No

If yes, have you submitted a claim?  Yes  No

If yes, what is the claim status? \_\_\_\_\_

If yes, do you have a deductible?  Yes  No

If yes, are you able to pay your deductible?  Yes  No

4. Is this a single-family home?  Yes  No

5. Is this a  Mobile Home (or)  Single-story house (or)  Two-story house

6. Is this your first application to the United Way flood funding for Steuben County?

Yes  No

7. Please provide a description of your living situation pre & post flood:

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8. Other Resources Accessed: (other programs/agencies you have applied for flood help with)

Agency	Date Applied	Type of assistance requested	Amount Received	If not received, why not?
<i>EXAMPLE: Red Cross</i>	<i>8-21-21</i>	<i>Hotel stay</i>	<i>\$100</i>	

9. Dollar amount you are requesting (between \$250 and \$2,500): \$ \_\_\_\_\_

10. If awarded, what will this money be used for? \_\_\_\_\_

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11. Please provide any other pertinent information you think we should know: \_\_\_\_\_

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**12. Please provide a copy of your drivers license or utility bill to verify residency**

All information provided will be kept confidential. All applications received will become the property of Arbor Housing and Development.

I (We) hereby apply for assistance from Arbor Housing and Development. I (We) certify that the above statements are true, accurate, and complete to the best of my (our) knowledge and belief. False statements made knowingly by the applicant will disqualify the applicant from participation in the program.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**CLIENT RELEASE:**

I, \_\_\_\_\_, give my permission to representatives of Arbor Housing and Development to speak to and share the application information regarding emergency funding through United Way and The Corning Foundation .

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Return application in person, by mail, email, or call for assistance:**

Arbor Housing & Development  
26 Bridge Street  
Corning, NY 14830

**Arbor representative:** Georgia Landon, Home Ownership Services Intake Coordinator

**Email:** [glandon@arbordevelopment.org](mailto:glandon@arbordevelopment.org)

**Phone:** (607) 654-7487 x2049