



Edgerton Outreach
serving those in need

106 South Main Street Edgerton WI 53534 www.edgertonoutreach.org 608-884-9593

February 8, 2024 ARPA Tornado Relief Fund Request

Section 1: Applicant Information

1. **Full Name:** _____
 2. **Phone Number:** _____
 3. **Email Address:** _____
 4. **Home Address (Affected Property):**
 - Street: _____
 - City: _____
 - State: _____
 - ZIP Code: _____
 5. **Mailing Address (if different from above):**
 - Street: _____
 - City: _____
 - State: _____
 - ZIP Code: _____
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Section 2: Damage Assessment

1. **Description of Damage:** *continue on back if needed*
 - (Briefly describe the extent and nature of the damage to your property)

2. Photographs of Damage:

- (Attach photos showing the damage)

3. Total Amount Requested: _____

- (attach an estimate for the cost of repairs)

4. Amount of Total Loss Documented from the February 8, 2024 Tornado not covered by insurance or any other funding sources: _____

5. Insurance Status:

- Are you insured? Yes/No
- If yes, describe the coverage and any payout received or expected.

Section 3: Personal Impact

1. Displacement Status:

- Are you currently displaced from your home? Yes/No
- Or describe the loss to the property: outbuildings, livestock, equipment
- If yes, where are you staying? (e.g., with relatives, temporary housing, etc.)

2. Impact on Daily Life:

- (Briefly describe how the tornado has impacted your daily life, including employment, schooling, health, etc.)

3. Additional Comments:

- (Provide any additional information you feel is important for the review of your application)

Section 5: Supporting Documents

1. Proof of Identity:

- (Attach a copy of your driver's license or other government-issued ID)

2. Proof of Ownership or Residency:

- (Attach a deed, lease, or utility bill as proof of ownership or residency at the damaged property)
- If property is part of a LLC additional documentation regarding the make-up of the entity will be required

3. Insurance Documentation (if applicable):

- (Attach copies of your insurance policy and any claims or correspondence)

4. Repair Estimates:

- (Attach any contractor estimates or quotes for the repair work)

Section 6: Certification and Signature

1. Certification Statement:

- I hereby certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the denial of assistance or the requirement to repay funds received.
- I understand that if further information is requested I must submit within 7 days.
- I understand that if I receive additional insurance proceeds or other funding sources in a way that provides duplicate reimbursement for the exact same costs as what is funded in this application, under federal law I am required to repay the awarded funds to Edgerton Community Outreach, Inc., and/or Rock County.

2. **Signature:** _____

Date: _____

Instructions for Submission

- **Submission Deadline:** 5pm on November 1, 2024
- **Submission Method: Mail or Deliver to:** Edgerton Community Outreach, 106 S Main Street, Edgerton, WI 53534
- **Questions?** Sarah Williams, Executive Director,
608.884.9593/608.921.2905/outreachwilliams@gmail.com

If ARPA Funds allotted for those impacted by the February 8, 2024 tornado are not fully expended in the first round of requests for assistance a second round of assistance may be allocated.