

INFORMATION										
Last Name				First Name				Date		
Work Location				Last 4 digits of Social Security #						
Home Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Did you evacuate your home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	Before Disaster <input type="checkbox"/>	During Disaster <input type="checkbox"/>	After Disaster <input type="checkbox"/>				
Comments										
CURRENT SITUATION										
Can you live in your home?	YES <input type="checkbox"/>				NO <input type="checkbox"/>					
If no, what is preventing you from returning (check below)?										
Government <input type="checkbox"/>	Flood Waters <input type="checkbox"/>	Home significantly damaged <input type="checkbox"/>			Home destroyed <input type="checkbox"/>		Other (provide comments below) <input type="checkbox"/>			
Comments										
If you're not at home, where are you staying?										
			Hotel <input type="checkbox"/>		Friends/Family <input type="checkbox"/>			Other (provide comments below) <input type="checkbox"/>		
Comments										
Address							Apartment/Unit #			
City				State				ZIP		
Is your money holding up all right?		YES <input type="checkbox"/>				NO (provide comments below) <input type="checkbox"/>				
Comments										

TEMPORARY HOUSING		
Do you need temporary housing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have friends or family to stay with?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you locate a hotel or do you need help finding one?	Can locate myself <input type="checkbox"/>	Need help finding one <input type="checkbox"/>
If in need of a hotel, do you need help paying for the hotel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Would you be willing to stay with another LYB employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How many people in your family need temporary housing?		
Do you have pets? If so, list them.		
Any idea how long you may need temp housing?		
Other Temp Housing Comments		
HOME DAMAGE		
Is your home damaged?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain the damage and attach any supporting documentation (photos, repair estimates, etc.)		
Do you need volunteer help to repair, clean, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain volunteer help needed.		
If you are already on the grant list, did you receive the check we sent you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other Home Damage Comments		

**Submit completed forms to [relief@lyb.com](mailto:relief@lyb.com).**