

# Shaklee Cares®

## Disaster Relief Grant Application Form

Shaklee Cares is a 501(c)(3) nonprofit, tax-exempt organization that supports relief efforts in times of natural disaster.



### PLEASE PRINT CLEARLY

Applicant name (last, first, middle)

Shaklee ID# (if you are a member)

Location of your DAMAGED property (address, city, state, zip code)

Phone number where we can reach you

Alternative phone number where we can reach you

Email address

( )

( )

Mailing address where you can currently receive mail (address, city, state, zip code)

What was the disaster that affected you?

Was it declared a natural disaster?

Yes  No

Please describe the extent of the damage caused to your property by this disaster:

Indicate if you incurred damage to your:

Car  Clothing  Appliances  Equipment  Furniture  Business

Other \_\_\_\_\_ (include farm, livestock, animals, other buildings, farm equipment)

Indicate if the damage was caused by:

Fire  Flood  Earthquake  Hurricane  Other \_\_\_\_\_

Have you or has anyone in your family become unemployed due to the disaster?

If so, list who: \_\_\_\_\_

Do you own any rental property that was damaged by the disaster?

If so, list damage: \_\_\_\_\_

Names of all people living in home at time of disaster, their age, and relationship to applicant:

Do you:  Own  Rent your primary residence?

Is it a:  House  Apartment  Mobile home  Other \_\_\_\_\_

Where are you currently living? \_\_\_\_\_

Is the disaster preventing you from living in your home? \_\_\_\_\_

Have you spent money to make repairs so you can live there safely?  Yes  No If so, how much have you spent? \_\_\_\_\_

Are any of your essential utilities not working as result of the disaster?  Yes  No

Please indicate if you have the following insurance:

Flood  Earthquake  Homeowners  Renters  Mobile home  Other  No insurance

**IMPORTANT:** Please list **all** your insurance information, your type of insurance, your coverage, your deductible, and actual amount you will be or have been paid by your insurance company if you do have insurance.

Did you or will you receive any aid from FEMA?  Yes  No

If so, how much: \$ \_\_\_\_\_

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## Financial Statement

List the current value (estimate as best you can) *before* and *after* the disaster:

ASSETS	ASSET OWNED BEFORE	ASSET VALUE AFTER
Property and/or home value		
Your personal property		
Your savings account #1		
Your savings account #2		
Checking		
Other investments		
Other investments		
Other		
Other		
Other		
LIABILITIES	LIABILITIES OWED	
Mortgage (first)		
Mortgage (second)		
Monthly rental if rent		
Auto loan		
Student loan		
Credit card #1		
Credit card #2		
Credit card #3		
Personal loan		
Other		
INCOME	INCOME (include all members of household affected)	
Shaklee income (if applicable)		
Monthly salary (if applicable)		
Other income		
Other income		
Social security		
Other support		
<b>ESTIMATED TOTAL</b>		

By my signature, I certify that all information that I have given is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Are you a Shaklee member? Rank \_\_\_\_\_

Did you receive this application from a Shaklee Distributor?  Yes  No If yes, name of Distributor: \_\_\_\_\_

If not, how did you hear about Shaklee Cares? \_\_\_\_\_

Shaklee Business Leader Upline (if applicable): \_\_\_\_\_

**NOTE: If this form is not fully completed, the consideration of your application may be delayed due to the need to obtain additional information. If possible, please attach your current income tax return. You will be contacted when we receive your application to let you know we do have it. You will also be contacted once your application has been reviewed to hear if you qualify for a Shaklee Cares Disaster Relief Grant.**

**Please mail your completed form to** Shaklee Cares, 4747 Willow Road, Pleasanton, CA 94588, **or fax to** 925.924.3847, **or email to** nprentiss@shaklee.com.

For information, please visit [ShakleeCares.org](http://ShakleeCares.org) or contact Shaklee Cares by phone at 925.924.2621 or email [shakleecares@shaklee.com](mailto:shakleecares@shaklee.com).