

Taylorville Ministerial Association  
DBA Missions For Taylorville

Deadline to Apply: March 1, 2019

Application Return To: 1500 W. Franklin Taylorville, IL 62568

**General Information –**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Resident Status (Check appropriate): \_\_\_\_\_ Home Owner \_\_\_\_\_ Landlord \_\_\_\_\_ Renter

Do you plan to continue residing in Taylorville? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided

Names, ages and relationship of others living at listed address:

Name	Age	Relationship

**Insurance Information –**

Do you have insurance to cover any of your losses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate the following:

What is insurance replacing? \_\_\_\_\_

When will a settlement be reached? \_\_\_\_\_

Are you requesting items that could be covered by insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who is your agent? \_\_\_\_\_

**Other Assistance –**

Do you plan to participate in the state IEMA Buy-Out Program? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided

Have you requested assistance from CEFS? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, why? \_\_\_\_\_

Please describe assistance provided from CEFS: \_\_\_\_\_

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**Assistance Request –**

Please list in detail the items that you are seeking assistance with securing.

Item	Quantity	Size / Dimensions

Are you willing to allow Missions for Taylorville or their designee to survey damaged properties to validate the items and quantities requested?     Yes     No

If not, why? \_\_\_\_\_

**Acknowledgement –**

I hereby acknowledge that the information provided in this application is accurate and complete to the best of my knowledge. Also, I acknowledge that simply submitting the application does not imply that assistance will be provided by the Taylorville Ministerial Association DBA Missions for Taylorville. I understand that all requests received by the application deadline will go through a validation process, including a review of the property to ensure items and quantities requested are valid. Applications received after the due date will not be considered until all timely applications are processed. All timely requests will be reviewed for distribution on a first come first serve basis based on available inventory or funds. I further understand that once a decision is reached concerning my application that I will be notified of the outcome. Further I understand that decisions of the Taylorville Ministerial Association DBA Missions for Taylorville are final and there is no appeal process. I certify that the items or funds received will be used for the sole purpose of refurbishing a disaster damaged property and will not be sold, bartered or traded. I acknowledge and understand that I must provide necessary transportation of received items from storage areas to my property and I am responsible for installation. Finally, I am will not hold the Taylorville Ministerial Association DBA Missions for Taylorville liable for any loss, damages or harm that may be caused by the receipt of donated items.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Official Use:	Date Received: _____	Approved: Yes / No _____
	Date Validated: _____	Validated by: _____
	Items Distributed: _____	Distributed Date: _____