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# Application for Assistance

Name: \_\_\_\_\_

Last, First, Middle

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

Street, City, State, Zip Code

Phone #1: \_\_\_\_\_ (Check One: Day Evening Cell Fax)

Phone #2: \_\_\_\_\_ (Check One: Day Evening Cell Fax)

E-mail: \_\_\_\_\_

I HAVE APPLIED FOR ASSISTANCE FROM THE FOLLOWING AGENCIES:

FEMA (Case# \_\_\_\_\_) SBA (Case# \_\_\_\_\_)  
RED CROSS SALVATION ARMY OTHER

I AM IN IMMEDIATE NEED OF...

FOOD CLOTHING HOUSING TRANSPRTATION MEDICAL OTHER

Please describe (Example, Specific Needs regarding Housing, Food, Clothing, Medical, Etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this document, I declare, to the best of my knowledge and belief, the above stated information is true and correct.

Recipients will receive Internal Revenue Service Form No. 1099-MISC if the annual amount provided to each individual is greater than \$600 per calendar year. Please consult an accountant with any questions regarding this form.

**For Committee Use Only:**

Reviewed Completed Application and Supporting Documentation

Verified that Other Resources Have Been Exhausted

Amount Approved \_\_\_\_\_