



# Shenandoah Disaster Relief Fund Application

## City of Shenandoah

Phone: 712-246-1213

Fax: 712-246-5121

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Describe how the disaster or emergency has created your need(s):

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Attach additional sheets if needed.

Amount requested: \_\_\_\_\_

Describe what efforts you have made / additional funds you have tried to access to meet your needs:

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Describe how the Shenandoah Disaster Relief Fund assistance will aid in your recovery:

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

Please submit completed and signed applications to City Hall or email to [ajlyman@shenandoahiowa.net](mailto:ajlyman@shenandoahiowa.net)



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**For internal use only:**

Date Request Received: \_\_\_\_\_

Date of Consideration: \_\_\_\_\_

Request for Funds: Approved / Denied

Amount of Grant Approved: \$ \_\_\_\_\_

Disbursement Date: \_\_\_\_\_

Remarks/Restrictions: \_\_\_\_\_

Authorized Signatures:

\_\_\_\_\_

\_\_\_\_\_