

Date: _____

Time: _____

Received By: _____

TOWNSHIP OF OCEANAND BARNEGAT TOWNSHIP
ROBIN HOOD FOUNDATION RELIEF FUNDING APPLICATION

Name: _____ Telephone No: _____

Address: _____

Email: _____

Primary Residence: _____ Yes _____ No

Annual Household Income: _____

Number of Household Members: _____ Adults _____ Children (under 18)

Do you have Flood Insurance: _____ Yes _____ No

Funding Request Amount (maximum request \$5,000): _____

Funding Category (place an "X" next to items requested)

_____ Construction Material _____ Contractor Fees

_____ Utilities _____ Appliances

_____ Other

Detailed Project Description: (Attach additional pages if needed)

REQUIRED ATTACHMENTS: (PLEASE PUT N/A NEXT TO ITEMS NOT REQUIRED.)

_____ Current W-2 or Last years Tax Return or Social/Medicare Statement

_____ Photos of project

_____ Job Estimates/Contractor Proposal

_____ Equipment Specifications

Applicant Signature

Date

Applicant Name (Please print)