



**Kingdom United
Resilience & Recovery Effort**

KURRVE Request for Assistance Application

Kingdom United Resilience & Recovery Effort (KURRVE) is a Long-Term (disaster) Recovery Group with a mission to provide services to individuals and families affected by the July 2023 flooding in Caledonia and Orleans Counties and to strengthen Caledonia, Essex and Orleans Counties' regional response and recovery from any future crisis or disaster events, manmade or natural, through a coordinated community-driven and regional approach which provides for the immediate and long-term unmet needs of our Northeast Kingdom community members.

To submit a request to KURRVE for assistance, please complete the following questions fully, truthfully and to the best of your ability so we can get you the support you need. This request application should take about 15 minutes to complete. Once finished, you can give to a KURRVE Case Manager, scan and e-mail to KURRVE5LTRG@gmail.com or call 802.281.3198 to make other arrangements

Your responses are confidential and once submitted, will be reviewed by the KURRVE team who will respond within 5 business days.

Thank you for your interest in partnering with KURRVE!

* Indicates required question

BASIC

1. **Name of Applicant (as it appears on identification) ***

2. **Name of Co-applicant (if applicable)**

3. **Was your Household impacted by the July 2023 flooding? ***

Mark only one oval.

Yes

No

4. **Does your Household have remaining unmet needs from the July 2023 flooding event? ***

Mark only one oval.

Yes

No

5. **Is your primary residence in Caledonia, Essex or Orleans Counties? ***

Mark only one oval.

Yes

No

RESIDENCE

6. **Physical Address of Primary Residence (Road/Street, Town, State, Zip Code): ***

7. **Renter or owner of above residence? ***

Mark only one oval.

Renter

Owner

8. **Are you currently displaced from above residence? ***

Mark only one oval.

Yes

No

9. **Where are you currently residing? ***

Mark only one oval.

In damaged dwelling

Homeless, shelter or couch-surfing

With friends/family

In a hotel or motel

In a temporary rental

In a new permanent rental

Secondary residence

RV or camp

Other: _____

10. **Are you currently living in unsafe conditions? ***

Mark only one oval.

Yes

No

11. **Are you currently paying both rent and a mortgage? ***

Mark only one oval.

Yes

No

HOUSEHOLD

12. **How many people currently live in your Household? ***

Mark only one oval.

1

2

3

4

5

6

7

8

9+

13. **Please check ALL that apply to your household: ***

Check all that apply.

- Documented medical condition, access/functional need (AFN), ongoing medical need or disability of any household members
- Veteran in household
- Active military in household
- Over age 60 in household
- Under age 18 in household
- College student in household
- Single Parent with dependent in household
- At least one household member understands and speaks English
- None of the above apply to our household

FINANCIAL

14. **What is your Household's annual gross income (before any taxes or deductions) - ***
Please include income for all Household members:

\$ _____

15. **Are your Household's financial obligations at or greater than 40% Debt to Gross Income Ratio (compare your monthly debt to monthly gross income)? ***

Mark only one oval.

- Yes
- No
- Unsure

16. **Did you apply to FEMA? ***

Mark only one oval.

Yes

No

Unsure

17. **If YES, FEMA status:**

Mark only one oval.

Closed: Denied or Ineligible - No appeals left

Appealing

Complete (received all funding for which Household is eligible)

Unsure

18. **If NO, please explain why you didn't apply to FEMA:**

19. **Did you submit an application to the SBA? ***

Mark only one oval.

Yes

No

Unsure

20. **If YES, SBA application status:**

Mark only one oval.

- Failed income test
- Loan cancelled
- Loan declined for lack of repayment ability
- Loan declined for other reasons
- Approved for partial or full loan - no payment yet
- Approved - some or all of loan proceeds have been disbursed
- Initial appeal of decision
- Final appeal of decision
- Application withdrawn
- Loan refused
- Unsure

21. **If NO, please explain why you didn't apply for SBA loan:**

UNMET NEEDS - NON-PROPERTY/RESIDENCE

Continued on next page

22. **Do you have non-residence or property related Unmet Needs from the July 2023 flooding?** *

Mark only one oval.

Yes

No

Unsure

23. **If YES, please check ALL remaining non-residence or property flood-related Unmet Needs that you still have and would like assistance with:**

Check all that apply.

Legal needs

Emotional or spiritual support

Basic needs (food, heat, electricity)

Resource coordination or eligibility

Transportation

FEMA appeal

Flood-damaged appliances and/or furniture

Other: _____

UNMET NEEDS - PROPERTY/RESIDENCE

Continued on next page

24. **Please check ALL flood-related residence or property SITUATIONS that apply: ***

Check all that apply.

- Storm damage is present
- Mobile home
- Multi-family home
- You own the home
- You own the property that the home is located on
- Home is accessible by vehicle
- Heat/Hot Water/Mold issues from previous event
- Mortgage pay-off letter implies or threatens foreclosure
- You have homeowners insurance
- You have flood insurance
- You have applied for a buyout
- You are seeking mitigation through elevation
- You have already had a damage assessment
- None of these situations apply to my residence or property

25. **Please check ALL flood-related residence or property DAMAGE that exists: ***

Check all that apply.

- None
- Mold
- Demolition/gutting
- Rough carpentry
- Windows
- Subfloor repair/replacement
- Structural repair
- Foundation
- Exterior doors
- Exterior painting
- Porch/deck, stairs or ramp
- Siding
- Roofing
- Electrical checked/repaired or moved
- HVAC (including boiler, furnace, water heater, heat pump)
- Plumbing
- Insulation
- Sheetrock hung or finished
- Interior doors or trim
- Flooring
- Ceiling repair
- Interior painting
- Cabinets
- Septic system/well
- Private road
- Private bridge
- Retaining wall
- Masonry
- Tree work
- Other
- Unsure

26. **Please check ALL flood-related residence or property UNMET NEEDS that you would like KURRVE to help with:** *

Check all that apply.

- ASSESSMENT of the scope and scale of damage
- ESTIMATES from contractors
- LABOR to do the repairs (contract or volunteer)
- MATERIALS to do the repairs
- PERMITTING
- None
- Other: _____

CONTACT

27. **Current PHYSICAL Address (ROAD/STREET, TOWN, STATE, ZIP CODE - write SAME if it is the same as your Primary Residence):** *

28. **Current MAILING Address (P.O. BOX or ROAD/STREET, TOWN, STATE, ZIP CODE - write SAME if it is the same as your Current Physical Address):** *

29. **Best Contact Phone Number #1 (please include Area Code): ***

30. **Other Contact Phone Number #2 (please include Area Code):**

31. **Best E-mail Address #1:**

32. **Other E-mail Address #2:**

RIGHTS AND RESPONSIBILITIES

As a client of any service provider working under the banner of KURRVE Long-Term Recovery, you have the RIGHT:

- To be informed of your responsibilities in the recovery process.
- To available services, regardless of your age, race, ethnicity, gender, sexual orientation, religious or political affiliation, physical or mental disability, and the right to referral, as appropriate, to other service providers.
- To be treated with courtesy and respect.
- To be fully informed about client services provided to you and to be told who will be providing the client services.
- To receive services in a manner that you understand with any necessary reasonable accommodations and language access.
- To give or refuse consent to the provision of any community service.
- To expect all communication and records pertaining to your service to be treated as confidential and protected to the extent required by law.
- To be aware of the relationship the case management agency has with other programs that may impact your services.
- To report suspected fraud to FEMA by calling 1-800-323-8603.
- To raise concerns or recommend changes in connection with the services provided to you and in connection with policies and decisions that affect your interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.

As a client of any service provider working under the banner of KURRVE Long-Term Recovery, you have the RESPONSIBILITY:

- To be willing to accept responsibility for your own recovery, taking an active role, and participating with the agreed upon plan for recovery.
- To be willing to provide current and accurate information, documentation and verification that is required for the completion of applications and the casework process.
- To be willing to explore all options and available resources that will help you in your recovery.
- To accept the limitations of resources available through KURRVE Long-Term Recovery assistance.
- To treat staff, volunteers and other clients and property with respect, and to work cooperatively with the case manager.
- To notify your case manager if you have changed contact information, are unable to meet an appointment, or you are unable to fulfill your own tasks/goals of your recovery plan.
- To use, but not waste or duplicate resources.
- To know your rights and let your grievances be known.

Failure to meet your responsibilities may lead to a suspension of services by KURRVE.

COORDINATION, PRIVACY AND CONFIDENTIALITY

KURRVE, like other disaster relief agencies, voluntary organizations and government agencies active in disaster recovery are committed to respecting your privacy. It is necessary at times for organizations to share personal information gained during your partnership to coordinate and provide disaster relief assistance. Therefore, your written consent to share and receive information for disaster-related services is necessary. By putting a check next to each statement in the following CONSENT section, you affirm KURRVE can share or receive your household's information appropriately to advocate on your behalf and avoid duplication of services.

33. **Are there organizations with whom you would NOT want information shared? ***

Mark only one oval.

No

Yes

Unsure

34. **If YES, please list organizations you do NOT want information shared with:**

ACKNOWLEDGEMENT AND CONSENT

35. **I have questions before providing consent to partnering with KURRVE: ***

Mark only one oval.

Yes

No

Unsure

36. **Please check ALL to provide your agreement and consent for the following: ***

Check all that apply.

I/We affirm that my/our household lacks resources necessary to recover from this disaster and would like to partner with a KURRVE disaster case manager who would assist in accessing disaster recovery resources necessary for my/our recovery.

I/We understand my rights and responsibilities in this partnership.

I/We understand I may revoke this consent at any time by contacting my disaster case management organization in writing (including via e-mail).

I/We understand this release will no longer be valid 90 days after the closure of the disaster recovery project.

SIGNATURES

Once you sign and submit this application, someone from KURRVE will be in touch within 5 business days to confirm receipt of your request, answer questions you may have and schedule a time to meet to go over documentation of identity, residence/ownership, income and needs including a damage assessment if applicable. We will also need you to sign a release of information to work with FEMA on your behalf (if applicable).

If something comes up, please contact KURRVE at KURRVE5LTRG@gmail.com or 802.281.3198.

Please sign your name below and date to complete your initial request.

37. **Applicant's signature: ***

38. **Co-applicant's signature (if applicable):**

39. **Date:**

THANK YOU!