



Community Emergency Relief Fund

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you the owner of the property? YES NO

Are your real estate taxes current? YES NO

Are you the renter of the property? YES NO

Provide proof of residency? YES NO

Describe and show proof of the incident:
(Police report, Fire report, photos, or news articles, etc.) _____

Signature

Signature: _____ Date: _____

Print Name: _____

Approved by: _____ Date: _____



Verification office use only

Proof of most current utility provided? YES NO _____

Identification Information (State ID or Drivers) YES NO _____

Verified Occupancy, City of Jennings residence? YES NO _____

Did the resident provide proof of the incident? YES NO _____