



Pine Creek Community Restoration Long Term Recovery Organization (LTRO)

Immediate Needs Cash Distribution – Application (Confidential)

The Pine Creek Community Restoration LTRO is pleased to offer an immediate wildfire relief cash disbursement through our United Way of Whitman County Agency partner. We are committed to creating a fair and equitable disbursement process for each affected household, leaning on the advice and best practices of our professional partners, wildfire relief fund managers, and the intentions of our donors.

Please complete this confidential application form and submit using one of these four ways:

- Access and complete the form on the United Way of Whitman County website: www.whitmanunited.org
- Print completed form and deliver in person to LTRO Office in Malden
- Print completed form and mail to **United Way of Whitman County, P.O. Box 426, Pullman, WA 99163**
- Email completed form to contact@whitmanunited.org
- Please sign and return this application in a timely manner

We anticipate it will take a few days to process these applications. We are working on making sure we do this correctly and consistent with our donors' wishes. Thank you!

Date: _____

Applicant's Name/s: _____

Mailing Address: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Address of Loss: _____ State: _____ Zip: _____

In order to best determine your situation and provide a fair and equitable distribution process, we've selected a 4-Tier distribution formula. **Please provide as much detail as possible.** Check one of the following categories:

____ **Tier 1:** Partial Loss - Landlord/Renter/Homeowner with some amount of loss. Please explain.

____ **Tier 2:** Complete Loss - Homeowner/Tenant *without children/dependents* with complete loss. Please explain.

____ **Tier 3:** Complete Loss - Homeowner/Tenant *with children/dependents* with complete loss. Please explain.

____ **Tier 4:** Other Impact/Loss – Please describe in detail your situation.

Household **members first name and** ages:

I stand by all facts stated within this application to be true.

Applicant signature: _____

United Way of Whitman County Use Only:

Received _____

Approved by: _____

Amount approved: _____

Notes _____
