



Sonoma County Grape Growers Foundation
400 Aviation Blvd., Suite 500
Santa Rosa, CA 95403
707.522.5864
www.scggf.org

**Application for SCGGF Housing Support Fund for Ag Employees
Tubbs/Nun/Pocket Fires 2017**

Name: _____ Today's Date: _____

Address where damage occurred, including zip code (*note, only one application per household*):

Current mailing address: _____

Telephone: _____ Email (*if any*): _____

If you rent, name of landlord: _____ Telephone: _____

Proof this was your primary residence at the time of the fire is required.

This is the address you use on your federal tax return, your voter registration, your driver's license, or other photo identification, and your utility bills.

Please provide a copy of any one of these documents with your application.

Briefly describe how you were impacted by the 2017 Tubbs, Nuns, or Pocket Fire. Was your primary residence destroyed or significantly damaged by the fire? Was your car destroyed? Did you have evacuation costs? To what degree, if any, are you insured for any of your losses? (homeowners, renters, and/or auto insurance)

Signature: _____ Date: _____

Return completed application to Sonoma County Grape Growers Foundation
400 Aviation Blvd, Suite 500, Santa Rosa, CA 95403 or info@scggf.org

PLEASE COMPLETE ANSWERS ON REVERSE SIDE

Please take a moment to complete this demographic information.

Do you currently work in the Agriculture Industry? (Yes/No) _____

What is your title or position? _____

Who is your employer? _____

| | | |
|--|----------------------------|------------------|
| How many people are in your household? Adults: ____ Children: ____ Total in Household: ____ | | |
| Relation to Head of Household Spouse/Child/Partner/Etc. | Name Last, First | Birthdate |
| <i>Self</i> | | |
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| Family Type | | Housing (Prior to the Fire) | |
|--------------------------|----------------------|------------------------------------|---|
| <input type="checkbox"/> | Single Person | <input type="checkbox"/> | Own |
| <input type="checkbox"/> | Two-Parent Household | <input type="checkbox"/> | Buying |
| <input type="checkbox"/> | Single Parent | <input type="checkbox"/> | Rent |
| <input type="checkbox"/> | Adults - No Children | <input type="checkbox"/> | Homeless |
| <input type="checkbox"/> | Adults & Children | <input type="checkbox"/> | Temporarily Living with friend/relative |
| <input type="checkbox"/> | Other: _____ | <input type="checkbox"/> | Other: _____ |