



Hurricane Delta Disaster Relief Grant Application for Louisiana CU Employees

Did you receive any financial assistance from the Louisiana CU Foundation in 2020? Yes No

Name: _____ Email: _____

Credit Union: _____

Name of Supervisor: _____ Supervisor Email: _____

Home Address (Disaster Location): _____

City, State, Zip Code: _____

Own Rent Other (e.g. live with parents or other family, etc.)

If other, please explain living situation: _____

Complete the following with *only* the loss and expenses you personally have incurred from Hurricane Delta.

- Select damage level: Critical (*total loss, home unliveable*)
 Severe (*severe damage to home but repairable*)
 Serious (*loss of personal belongings; applicant is not property owner*)
 Minimal (*temporary displacement; food loss; no damage to home or personal belongings*)

Briefly describe the damages you incurred to support your selection above.

Have you been displaced from your home due to this disaster? Yes No

Please read the following and sign.

I, the undersigned, swear the provided information is true and all funds that I may receive will be used to aid me and or my family with the damages caused by Hurricane Delta.

Signature of Applicant

Date

Completed forms should be submitted to: foundation@lcul.com

DEADLINE TO SUBMIT: OCTOBER 28, 2020