



Crisis Fund Application

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Place of Citizenship: _____ Since: _____

Phone: _____ Email: _____

NRHA Member No.: _____ Number of years as NRHA member: _____

Describe Hardship (in detail)*

*Feel free to attach additional sheets of paper with description of hardship. After first reference, refrain from using the applicant's name and instead refer to as s/he to protect anonymity.

Annual Gross Family Income (per year) \$_____ Annual Net Family Income (per year) \$_____

Number of children or dependents comprising family of applicant: _____

Insurance applicable to crisis. Provide description of coverage: _____

Deductible and/or amount not covered by insurance: \$_____

Please provide any other sources of support available to the applicant including GoFundMe, American Red Cross, FEMA, similar international aid, and others:

**Please attach documentation in support of application. This can be photos of accident/disaster, copies of bills, medical crisis verification, and estimates of income loss. All information will be viewed anonymously by the Foundation Board to determine eligibility of Crisis Fund payments.