

KŪKULU KUMUHANA O ANAHOLA
Building Together Self Identity Through Cultural Values

PO BOX 30891
Anahola, HI 96703-0891
www.kkoa.org

Application for Flood Relief Assistance

Date: _____

First Name: _____ Last Name: _____

Your Address _____

Is this your Home Work Farm/Ag land? N/A

Phone: _____ Home Work Cell

Email: _____

Are you a volunteer assisting flood victims? Yes No

What assistance are you requesting? Gas Card Costco Card Other _____

Describe your losses or damage you sustained in the flooding:

Have the damages affected your employment/livelihood? Yes No

Have you already received any assistance? If Yes, please describe. _____

What are your flood recovery needs at this time?

For KKOA Office ONLY. Emergency Fund Distribution

Amount: \$ _____ Date of Distribution: _____

_____ Check # _____

_____ Gift Card (store) _____

Purposes:

___ Shelter ___ Equipment ___ Ag Farm ___ Animal Care ___ Transportation

___ Food ___ Rebuilding ___ Household ___ Supplies ___ Medical

___ Volunteer ___ Fuel ___ Food

___ Other _____