



Emergency Relief Program

Applicant's Information WV residents only

Name: _____ SS# _____

Business Name: _____

Address: _____

Phone: _____ Email: _____

Website: _____ Social Media: _____

How long have you been in business? _____

Is this your sole income? _____ yes _____ no Annual Income? _____

Assistance Request (amount up to \$5,000 available)

Amount: _____

Have you received funds from this program in past? _____ yes _____ no

If YES, how much and for what purpose?

Describe emergency in detail include relevant dates

submit documentary material supporting need as attachments

Review _____ approved _____ denied