

**SOMERSET DISASTER RECOVERY  
APPLICATION FOR WATERMEN'S GRANT PROGRAM**

Application # \_\_\_\_\_

<b>Applicant Name:</b>		
<b>Co-Applicant Name:</b>		
<b>Business Name:</b>		
<b>Business Address:</b>		
<b>City:</b>		<b>Zip Code:</b>
<b>Home Address:</b>		
<b>City:</b>		<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
Do you have a commercial fishing license(s)? _____ Yes _____ No If yes, how long have you had it? <i>Please provide a copy of it with your application.</i>		
Amount of funds requested?		
What would funds be used for?		
As these fund are available to assist you with proven equipment loss, how are you able to document your losses?		
Discuss the impact of Hurricane Sandy on your business:		
<b>Section 2 – Insurance Information</b>		
Were you carrying insurance on your equipment at the time of the hurricane? Yes No <i>If no, skip to Section 3.</i>		
Provide the name and address of the insurance company(s) and the policy number(s)?		

Did you file an insurance claim? Yes No If no, why not?	
Claim Amount Received:	Amount of Deductible
Are you involved in an appeal or a lawsuit against your insurance company? Yes No If yes, what is the status of this action:	
<b>Section 3 – FEMA Information</b>	
Did you register with the Federal Emergency Management Agency (FEMA)? Yes No	
Amount approved?	
Amount received to date?	
What is your FEMA registration number(s)?	
1.	
2.	
3.	
<b>Section 4 – SBA Information</b>	
Did you register with the Small Business Administration? (SBA) Yes No	
Were you offered an SBA loan? Yes No If yes, did you accept the loan? Yes No If no, explain why not:	
Loan amount approved for assistance?	
Loan amount received to date?	
What is your SBA Application number?	
What is your SBA Loan number?	
<b>Section 5 – Other Assistance</b>	
Did you receive any other assistance? Yes No If yes, please explain the amounts and sources:	
<b>Section 6 – Personal Information</b>	

How many persons live in your household?								
What is the marital status of applicant(s)?								
<p>What is the total household income of all persons living in the household?</p> <p><i>Total household income includes all income received by members of household over the age of 18 including but not limited to Wages, Social Security, Retirement, Child Support, Pensions, Disability Payments, Unemployment, and Welfare Assistance. Income from full-time college students over the age of 18 is not counted.</i></p> <p><i>Please attach a copy of your personal tax return for last year.</i></p>								
<p>What is the Race of Head of Household:</p> <table border="0"> <tr> <td><input type="checkbox"/> American Indian or Alaskan Native Asian</td> <td><input type="checkbox"/> American Indian/Alaskan Native and White Asian and White</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Black/African American and White Other Multi-Racial</td> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> American Indian/Alaskan Native and Black/African American and White</td> </tr> </table>	<input type="checkbox"/> American Indian or Alaskan Native Asian	<input type="checkbox"/> American Indian/Alaskan Native and White Asian and White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American and White Other Multi-Racial	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American and White	
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<p>What is the Ethnicity of Head of Household:</p> <table border="0"> <tr> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> Non-Hispanic or Latino</td> </tr> </table>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino						
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## Applicant Certification

I/We understand that the information provided above is collected to determine if I/We are eligible to receive assistance under the federally funded Community Development Block Grant Disaster Recovery Program for my/our business resulting from the impact of Hurricane Sandy. I/We hereby certify that all the information provided herein is true and

correct. I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law. I/We authorize the Somerset County Economic Development Commission and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information could be required to move forward with this application for funding.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government including recipients who distribute federal funds.

I also understand that if my request for assistance is approved that this information will be shared with Somerset County, the State of Maryland and the U.S. Department of Housing and Urban Development.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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For Somerset County EDC Use Only:

Date Application Submitted:	Date Application Complete:
Does applicant meet income requirement:	Date of Approval or Denial:
Date Check Issued if Approved:	

## Checklist of Required Documents

- Copy of Commercial Fishing License
- Documentation of loss (i.e. photographs of before/after, insurance documentation)
- Receipts for repairs already made, if applicable (i.e. receipts for materials to make your own crab pots)
- Copy of applicant's personal tax return for the previous year