



MAUI GREEK ORTHODOX CHRISTIAN MISSION
METROPOLIS OF SAN FRANCISCO ❖ GREEK ORTHODOX ARCHDIOCESE OF AMERICA

Maui Fire Relief Effort: Financial Assistance — Individual Relief Application Form

We are so sorry for your loss! Every adult who meets the criteria should complete their own form. This aid is for survivors of the Maui Fires.

Legal First Name (as shown on photo ID): _____

Legal Last Name (as shown on photo ID): _____

Former physical address (lost Lahaina physical address or lost Lahaina business address):

Residence _____

Business _____

Current temporary physical address: _____

Email address: _____

Phone number: _____

Proof of residence: Please identify what type of documentation you are attaching showing proof of residency in the fire impact zones.

Accepted forms of proof are below:

- ___ Government issued photo ID
- ___ Utility or other bills
- ___ Lease/rental agreement
- ___ Mortgage statement
- ___ Voter registration
- ___ Red Cross case number

Next Steps: We will verify each request from eligible individuals. Processing could take up to 2 weeks. We understand your situation is challenging and the needs are urgent. Please check the attestation box AND putting your name in the space below to certify that this information is true and complete to the best of your knowledge.

I understand and grant permission for the Maui Greek Orthodox Christian Mission (and its' designees, where applicable) to obtain and verify information on this application.

___ **Attestation and Certification** that this is true and complete to the best of my knowledge

Enter your name here: _____