

Shaklee Cares®

Disaster Relief Grant Application Form

Shaklee Cares is a 501(c)(3) nonprofit tax-exempt organization that supports relief efforts in times of natural disasters.



PLEASE PRINT CLEARLY

Applicant name (last, first, middle)	Shaklee ID (if you are a member)	Social Security Number
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Location of your DAMAGED property (address, city, state, zip code)

Phone number we can reach you at ()	Alternative phone number we can reach you at ()	e-mail address
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Current mailing address where you can receive mail (address, city, state, zip code)

What was the name (if any) of the disaster that affected you?	Was it declared a natural disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please describe the extent of your damage from this disaster:

Check off if you incurred damage with your:

Car Clothing Appliances Equipment Furniture Business

Check off if the damage was caused by:

Fire Flood Earthquake Hurricane

Other _____ (Include farm, livestock, animals, other buildings, farm equipment)

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Have you or anyone in your family become unemployed due to the disaster? If so, list who _____

Do you own any rental property that was damaged by the disaster? If so, list damage _____

Name of all persons living in home at time of disaster, their age, and relationship to application:

_____	_____	_____
_____	_____	_____

Do you Own Rent your primary residence?

Is it a House Apartment Mobile Home Other _____

Where are you currently living? _____

Is the disaster preventing you from living in your home? _____

Have you spent money to make repairs so you can live there safely? Yes No If so, how much have you spent? _____

Are any of your essential utilities not working as result of the disaster? Yes No

Please check if you have the following insurance:

Flood Earthquake Homeowners Renters Mobile Home Other No Insurance

IMPORTANT: Please list **all** your insurance information, your type of insurance, your coverage, your deductible, and actual amount you will or have been paid by your insurance company if you do have insurance.

Financial Statement

List the current value (estimate as best you can) *before* and *after* the disaster:

ASSETS	ASSET OWNED BEFORE	ASSET VALUE AFTER
Property and or home value		
Your Personal Property		
Your Savings Account #1		
Your Savings Account #2		
Checking		
Other Investments		
Other Investments		
Other		
Other		
Other		
LIABILITIES	LIABILITIES OWED	
Mortgage (First)		
Mortgage (Second)		
Monthly Rental if Rent		
Auto Loan		
Student Loan		
Credit Card #1		
Credit Card #2		
Credit Card #3		
Personal Loan		
Other		
INCOME	INCOME (Include all members of household affected)	
Monthly Salary (non-Shaklee)		
Monthly Salary (if applicable)		
Other Income		
Other Income		
Social Security		
Other Support		
ESTIMATED TOTAL		

By my signature, I certify that all information that I have given is true and correct to the best of my knowledge.

Signature _____ Date _____ Are you a Shaklee Member? Rank _____

Did you receive this application from a Shaklee Distributor? Yes No Is yes, name of Distributor _____

If not, how did you hear about Shaklee Cares? _____

Shaklee Sales Leader Upline (if applicable) _____

NOTE: If this form is not fully completed, the consideration of your application may be delayed due to the need to obtain additional information. If possible, please attach your current income tax return. You will be contacted when we receive your application to let you know we do have it. You will also be contacted once your application has been reviewed to hear if you qualify for a Shaklee Cares Disaster Relief Grant.

Please mail or fax your completed form to: Shaklee Cares, 4747 Willow Road, Pleasanton, CA 94588, fax: 925.924.2303

For more information, please visit ShakleeCares.org or contact Shaklee Cares by phone at 925.924.2003 or e-mail shakleecares@shaklee.com