

Rock N' The Sand Hurricane Relief Assistance Application

Anna Maria Island Worker Relief Fund

Program Overview

This relief fund provides financial assistance to workers from Anna Maria Island who have been impacted by Hurricanes Helene and Milton. Assistance is available to individuals who meet the following requirements:

- Were employed on Anna Maria Island or Cortez Village before the hurricanes – this includes musicians who performed regularly on the island.
- Lost employment and/or housing due to hurricane damage
- Can demonstrate financial hardship due to the disasters AND are currently working less than 25 hours per week .

Applicant Information

Full Name: _____

Current Address: _____

Phone Number: _____

Email: _____

Previous Address on AMI (if displaced): _____

Employment Information

1. Where were you employed on Anna Maria Island?

Employer Name: _____

Job Title: _____

Dates of Employment: _____

Supervisor Name & Contact: _____

2. Employment Status:

Lost job due to hurricane

Temporarily out of work

- Reduced hours
- Other (explain): _____

Impact Assessment

1. How did the hurricanes impact you? (check all that apply)

- Lost housing
- Lost personal property
- Lost transportation
- Lost income
- Medical expenses
- Other (please explain): _____

2. Current Housing Status:

- Displaced/Temporary housing
- Damaged home
- Homeless
- Other (explain): _____

3. Please describe your current situation and specific needs:

Financial Information

1. What is your current monthly income? \$_____

2. How many people are in your household? _____

Required Documentation

Please attach copies of:

- Photo ID
- Proof of previous employment on Anna Maria Island
- Documentation of loss (photos, insurance claims, etc.)
- Current pay stubs or proof of income loss

Certification

I certify that all information provided in this application is true and correct. I understand that false statements may result in denial of assistance.

Signature: _____ Date: _____

Please submit your application by emailing to Amy Tobin at: amymcctobin@gmail.com

For Office Use Only

Date Received: _____

Application Number: _____

Reviewed By: _____

Status: _____

Amount Approved: \$_____