



Swan Valley Flood Recovery

Essential Appliance Assistance Program Application

Personal Information

Please complete all sections

Name *

First Name

Last Name

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Phone Number *

Area Code

Phone Number

Email

example@example.com

Qualifying Information

Please complete all sections

Do you own the home and are the primary resident? *

YES

NO

Do you qualify for any of the following priority categories (select all that apply): *

High: Seniors (65+)

High: Households with annual income below \$50,000

High: Persons with disabilities

High: Families with dependent children

High: Homes that are currently uninhabitable because of the damaged appliance

Secondary: Households with annual income below \$80,000

Secondary: Applicants without insurance coverage

Secondary: Applicants who have exhausted other financial assistance

Is there any other information you want to share about your situation?

Appliance Information

Please complete all sections

Have you already purchased the appliance? *

YES

NO

What type of appliance are you submitting for: *

Hot Water Tank

Freezer or Refrigerator

Furnace

Electrical Panel

Clothes Washer or Dryer

Document Submission

Please complete all sections

Please include the following with your submission:

1. A photo of the damaged appliance
2. A copy of your receipt or quote
3. Proof of income (if applying under low-income priority)

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge.