



BURNED OUT SURVIVORS' FUND

A NON-PROFIT CHARITABLE ORGANIZATION

P.O. BOX 15185 / SAN ANTONIO, TX 78212 / (210) 472-1717 / FAX (210) 785-0543

A Fire Fighter Supported Charity

RESIDENTIAL APPLICATION FOR ASSISTANCE

**TO BE COMPLETED BY THE PRIMARY HOMEOWNER OR RENTER
"RESIDING" IN THE HOUSEHOLD OF THE FIRE LOSS**

NAME OF FIRE AGENCY RESPONDED: _____ CASE #: _____ (if known)

TYPE OF RESIDENCE: _____ HOUSE _____ APARTMENT _____ MOBILE/TRAILER HOME

DATE OF FIRE LOSS: _____ FIRE LOSS ADDRESS: _____

TODAY'S DATE: _____ DO YOU: _____ OWN _____ RENT SSN (last 4): XXX-XX- _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

NEW MAILING ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____) - _____ CELL PHONE: (____) - _____ Email _____

NAME OF SPOUSE: _____

ARE **MINOR** CHILDREN LIVING WITH YOU: _____ YES _____ NO. IF YES, PLEASE LIST THEIR AGE AND SEX:

AGE: _____ SEX: _____ AGE: _____ SEX: _____ AGE: _____ SEX: _____ AGE: _____ SEX: _____

AGE: _____ SEX: _____ AGE: _____ SEX: _____ AGE: _____ SEX: _____ AGE: _____ SEX: _____

RELATIVE OR FRIEND WE CAN CONTACT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (____) - _____ CELL PHONE: (____) - _____

DO YOU OWN A VEHICLE: _____ YES _____ NO. WAS IT FIRE DAMAGED AT THE SCENE: _____ YES _____ NO.

ARE YOU EMPLOYED: _____ YES _____ NO. MAY WE CONTACT YOU AT WORK: _____ YES _____ NO

EMPLOYER: _____ WORK PHONE: (____) - _____

HOW DID YOU HEAR ABOUT US: _____

DESCRIBE YOUR FIRE LOSS: _____

IF THIS WAS AN APARTMENT FIRE, WHAT IS THE NAME OF THE COMPLEX: _____

NAME OF LANDLORD/MANAGER: _____ PHONE: (____) - _____

ARE YOU MOVING INTO ANOTHER UNIT: _____ YES _____ NO. IN THE SAME COMPLEX: _____ YES _____ NO.

IF NOT, NAME OF NEW COMPLEX: _____ PHONE: (____) - _____

ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF NEW LANDLORD OR MANAGER: _____

BY ENTERING MY FULL NAME IN THE BLANK BELOW, I CERTIFY THE ANSWERS I HAVE PROVIDED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE: _____ (REQUIRED)