



**U.W.I. Credit Union Co-operative Society Ltd.**

**FLOOD RELIEF GRANT  
APPLICATION FORM**

Applicant's Name \_\_\_\_\_

UWICU Account Number \_\_\_\_\_

Contact Nos. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of persons in household \_\_\_\_\_

Estimated value of loss \_\_\_\_\_

Date of flooding: \_\_\_\_\_

Photos of flood damage attached Yes  No

**Certification**

I (Print Name) \_\_\_\_\_ hereby certify

that the information contained in this application is true and correct.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

For Official Use Only

Recommended Amount: \_\_\_\_\_ \$ \_\_\_\_\_

Approved by: \_\_\_\_\_  
President Vice President/ Secretary