

# ISLAMORADA CHARTER BOAT ASSOCIATION

## HURRICANE IRMA HARDSHIP ASSISTANCE REQUEST

The ICBA is a non-profit 501.3c organization that is made up of members from the Charter fishing community in the Florida Keys. The Board of Directors met the first week of October 2017 to discuss how our organization could provide support for members of our fishing community that are in need after the effects of Hurricane Irma. We reached agreement that we are willing to support local fisherman, who rely on fishing as their primary source of income, and whom have exhausted all other options to remedy their situation. The goal is that by providing this assistance it will speed their efforts to get back to business on the water and working again.

This assistance is not envisioned to replace or supplement existing options or organizations, but was envisioned to help financially those persons described above who have exhausted their options that other organizations such as FEMA, SBA, and insurance companies have made available. These funds are generally considered to be used for "one time" contributions.

### APPLICANT'S INFORMATION:

NAME: (FIRST , MIDDLE, LAST )

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Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Physical Address:\_\_\_\_\_

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Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number (and issuing state) \_\_\_\_\_

Other Members of your household: (First and Last name, Relationship, Age, Employer, Gross Monthly income)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Please attach additional sheet if you have more members of your household with their above details.

Your Employer: \_\_\_\_\_

Employer's address and phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Monthly Take home Pay: \_\_\_\_\_

Your length of employment: \_\_\_\_\_

If you have any other sources of income other than from fishing please specify the source and monthly income from that source.

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Do you have any Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Boat Insurance

Company: \_\_\_\_\_

Contact

information: \_\_\_\_\_

Home Insurance

Company: \_\_\_\_\_

Contact

Information: \_\_\_\_\_

Have Insurance claims been applied for?

\_\_\_\_\_

Have Insurance claims been received?

\_\_\_\_\_

If you have applied for an insurance claim describe status of the claim(E.G. PENDING, DECLINED, AMOUNT PAID, AMOUNT TO BE PAID): \_\_\_\_\_

Is FISHING your primary source of income? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been a PROFESSIONAL fisherman in the FL Keys?

\_\_\_\_\_

PLEASE DESCRIBE THE AMOUNT OF ASSISTANCE THAT YOU ARE REQUESTING AND WHY YOU ARE SUBMITTING THIS APPLICATION TO THE ICBA. ALSO INCLUDE DATE NEEDED.

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(Please attach pages if you need more space, all details of your situation are important to make an accurate determination of your situation.)

PLEASE SPECIFY WHAT YOU INTEND TO PAY WITH ANY ASSISTANCE RECEIVED FROM THE ICBA. PROVIDE A DETAIL COST BREAKDOWN OF THE EXPENSES. ALSO EXPLAIN HOW THE ASSISTANCE WILL CORRECT A SITUATION SO THAT YOU WILL NOT BE IN THIS SITUATION AGAIN. PROVIDE ADDITIONAL SHEETS IF NECESSARY TO FULLY EXPLAIN.

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Are you or any member of your family receiving or have applied for any other form of assistance from other agencies, friends, other family members, donations, insurance, etc.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes Please list type and amount: \_\_\_\_\_

\_\_\_\_\_

Please furnish three (3) local references. These may not be Family, Relatives, or Board Members of the ICBA. Include NAME, ADDRESS, PHONE NUMBER(S)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

It is important to realize that any assistance from the ICBA will only be considered AFTER you have tried to receive other assistance or when there is no other source available from family, friends, Insurance, FEMA, SBA, etc. This assistance is not envisioned to be a cash disbursement but rather will be made as payment of legitimate deficiencies to creditors or repairs to your vessel that will allow you to return to work. For example a mortgage company, a boat repair facility, or similar expense.

I CONFIRM THAT THE FOREGOING INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

DATE: \_\_\_\_\_

Approved by ICBA Board of Directors: Yes \_\_\_\_\_ No: \_\_\_\_\_

\_\_\_\_\_  
by Greg Eklund, President ICBA

Mail Completed and Signed Application to:

Islamorada Charter Boat Association  
PO Box 462  
Islamorada FL 33036

For Questions please contact:  
Capt. Greg Eklund by email at: [cloudninegreg@bellsouth.net](mailto:cloudninegreg@bellsouth.net)  
or  
Dianne Harbaugh by email at: [ditournaments@aol.com](mailto:ditournaments@aol.com)

