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No More Nightmares Relief Fund 2025

LAMN's No More Nightmares Relief Fund provides immediate financial assistance in the form of \$100-\$500 Visa/Mastercard Gift Cards to individuals with disabilities who are affected by natural disasters, medical emergencies, or other crises.

By offering quick financial relief, we aim to reduce the added barriers that people with disabilities often face in emergencies, empowering them to recover more swiftly and regain stability. Our mission is to ensure no one is left behind in times of crisis.

In this application, you will answer questions about your household, including things like:

Household Members

Income Details

Emergency or Disaster Description

Proof of Identification

Identity Verification (photo form)

Proof of Residency

By submitting this application, I acknowledge that all information provided is true and accurate to the best of my knowledge. I understand that incomplete or falsified information may result in disqualification or withdrawal of funding.

I give Laughing At My Nightmare, Inc. permission to verify the information submitted, including medical documentation and financial need, solely for the purpose of determining eligibility. I understand that all personal information will be kept confidential and used only for program administration and reporting requirements.

I acknowledge that submission of an application does not guarantee funding, and all awards are made at the discretion of Laughing At My Nightmare, Inc. based on available resources, eligibility, and program criteria.

Applicant name

Today's date (DD/MM/YYYY)

- I understand that if approved, assistance may be provided either through a specific gift card for an essential expense or through direct support for a specific item or service that Laughing At My Nightmare will purchase on my behalf, up to \$500. If a gift card is approved, it will be mailed via standard delivery from PerfectGift.com and may take 7-14 business days to arrive.

I understand that my application may take up to 30 days to be reviewed. For more immediate assistance, please contact relevant federal, state, or county agencies/programs.

Have you received assistance from LAMN in the past?

Yes

No

Previous recipients are eligible to apply for assistance, but please be aware that first time applicants may take precedent during the review process.

Applicant Preferred Name/Nickname (optional)

What is your relationship to the applicant?

Self

Parent/Guardian

Spouse

Friend

Other

If you are completing this application for someone else, have you received consent to complete this application on behalf of the applicant?

Applicant date of birth (DD/MM/YYYY)

Mailing Address Line 1

250 words

Mailing Address Line 2 (optional)

City

State

50 words

Zip Code

Race (optional)

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

White

Native Hawaiian or Other Pacific Islander

Other

Prefer Not To Say

Preferred Pronouns (optional)

- she/her/hers
- him/he/his
- they/them/theirs
- prefer not to say

Phone number

Email

Be sure to provide an email address that is monitored regularly as email will be the primary mode of communication regarding grant and scholarship decisions.

Please name or briefly describe your disability/diagnosis/illness.

150 words

In a few sentences, how would receiving this support change your immediate situation?

If approved, the recipient agrees to complete a brief survey within 60 days of receiving the gift card. The survey is designed to gather feedback on how the gift card has supported the Recipient, which LAMN may use for program improvement and promotional purposes. Any shared feedback will be anonymized unless explicit consent is provided.

Agree

Do Not Agree

*Please upload a proof of diagnosis/disability. This document must have the applicant's name clearly visible (e.g. Doctor's Note, Medical History Summary). THIS PROOF MUST BE A PDF FILE. Other file types will not be opened or reviewed. Due to limited resources, any application without this will not be considered.



Please note, any application submitted without proper identity verification will not be considered.

To complete your identity verification process, please provide a selfie following the instructions below:

Hold your government-issued ID (e.g., driver's license, state ID, passport) next to your face.

Ensure both your face and the ID are clearly visible and well-lit.

Avoid using filters or editing the photo.

Accepted forms of identification:

Driver's license

State ID card

Passport



Please upload a proof of residency. Acceptable documents include any of the following, dated within the past 12 months:

A utility bill (e.g., electricity, water, gas) showing your name and address.

A lease agreement or mortgage statement.

A bank or credit card statement.

A government-issued ID with your current address.

Any official correspondence from a government agency.

Please ensure the document is clear, legible, and shows your name, current address, and the date of issue.



How many individuals (including adults, dependents, and/or children) live in your (or the applicants) household?

ie: If there are 3 children and 2 adults, the answer would be "5".

How many individuals are living in your (or the applicant's) household contribute to the household income?

ie: If you (or the applicant) receive SSI and there is an additional individual in the household that receives an income, your answer would be "2"

Income Ratio (FOR OFFICE USE ONLY. DO NOT ENTER ANYTHING IN THIS BOX.)

Please enter your gross annual household income. This is the total **ANNUAL** income you receive before taxes or deductions.

Please upload a proof of household income.

Acceptable proof of household income must include one (1) of the following:

1.) A previously filed tax return for the household

2.) SSI Statement

3.) SSDI Statement



Please ensure you are uploading financial information for your entire household and/or all sources of household income. This helps us better understand your full financial picture during the review process.

We understand that every household and financial situation is different, and income may come from a variety of sources. If there are unique circumstances that are not fully reflected in your documents, there is a section below where you can provide additional context and better explain your financial situation if needed.

Please describe your current financial situation, including all sources of financial support you or the applicant are currently receiving. This may include income from work, government benefits, family support, child support, savings, or any other financial assistance. If there are important details that are not fully reflected in the documents you uploaded, please use this space to provide any additional context that would help us better understand your financial picture. 500 words

ie: If you (or the applicant) is currently receiving Social Security Income and are also financially supported by an additional person(s) in the household, please describe.

Please enter your household (or the applicant's household) estimated monthly mortgage/rent payments.

You are welcome (but not required) to upload any supporting documentation in the "Additional Supporting Documentation" tab related to estimated monthly expenses.

Attachments must be supplied as follows:

Upload a PDF file only. Maximum file size is 5MB per piece.

Are you applying for a specific expense you would like to submit supporting documentation for? This could be in the form of a receipt, invoice, doctor's note, etc.

Yes

No

Please feel free to upload any additional supporting information here. (optional)



Additional Upload 2 (optional)



How did you hear about Laughing at My Nightmare?

▼

Social Media

YouTube

Google Search

Friend

Family Member

Previous Recipient

Other

- By checking this box, I certify that, to the best of my knowledge and ability, the information included in this application is accurate as of the date of submission.

If approved for assistance, I consent to Laughing at My Nightmare sharing my first name and an image I provide with the intended use of furthering this program through fundraising efforts.

Yes

No

Your response to this question will have no impact on application approval.

Please [click here](#) to view and/or download the "No More Nightmares Relief Fund Terms and Conditions."

- I have read, acknowledge, and accept the terms and conditions outlined in the above link entitled "No More Nightmares Relief Fund Terms and Conditions."

- If approved for assistance, I agree to complete a short survey 60-days after the receipt of my gift card. *The survey will be emailed to the email address included in this application.*