



# **REALTORS® RELIEF FOUNDATION Application for Disaster Relief Assistance**

#### Type of Assistance

Assistance is available to qualified applicants towards one of the following options: 1) Monthly mortgage expense for the primary residence that was damaged by the **Tornado Disaster** or; 2) Rental cost due to displacement from the primary residence resulting from the Disaster. Relief assistance is limited to a maximum of \$1,000 per applicant per household. Deadline for application submission is **June 30, 2020**. Please note this assistance is for housing relief only; other expenses including second mortgages, vehicle purchase, rental, repair and or mileage are ineligible for reimbursement under this program.

#### **Eligibility**

Recipient must be a full-time resident and U.S. citizen or legally admitted for residence in the United States.

### **Confidentiality**

All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application to the applicant's lender or landlord, if requested. It will not be shared with other parties for any other purpose.

#### Disbursement of Funds

In order to provide for a reasonable and equitable distribution of funds, assistance will be provided on a first come, first serve basis. All grants are contingent upon the availability of funds. Grants will be jointly payable to applicant and mortgage lender or landlord.

## **Attachment Checklist**

#### Required for All Applicants

- 1. Photo Identification to Show Proof of Residency [i.e., driver's license or other governmental documentation evidencing residency]
- 2. Copy of Mortgage Statement or Mortgage Payment Coupon or Rent Statement or Lease Agreement

#### One of the Following is Required to Show Proof of Damage to your Primary Residence:

- a. Photos of Damages
- b. Insurance Estimate
- c. Copies of Written Claims, Settlement Proceeds or Claim Status Reports
- d. Copies of Repair Estimates from Contractors

#### **GENERAL INFORMATION**

| Please complete all information to be considered for assistance |  |                  |                 |  |           |  |  |  |
|---|--|------------------|-----------------|--|-----------|--|--|--|
| Full Name:  |  |                  |                 |  |           |  |  |  |
| Email Address:  |  |                  |                 |  |           |  |  |  |
| Street Address of Damaged Property:                             |  |                  |                 |  |           |  |  |  |
| Unit #:   |  |                  |                 |  |           |  |  |  |
| City:   |  |                  | State:          |  | Zip code: |  |  |  |
| Mobile Phone:   |  |                  | Other Phone:    |  |           |  |  |  |
| Type of Dwelling:   |  | Single Family    | Condo/Townhouse |  |           |  |  |  |
|   |  | Other (Specify): |                 |  |           |  |  |  |

PROPERTY INFORMATION/DESCRIPTION OF LOSS

|   | Describe damage/loss relating to your primary residence: |                  |                                       |  |  |  |  |
|---|--|------------------|---------------------------------------|--|--|--|--|
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
| Total Cost of Damage:   |  | \$               |                                       |  |  |  |  |
| Total Uninsured Loss to Primary R   | esidence:  | \$               |                                       |  |  |  |  |
| If displaced from your primary res  |  |                  |                                       |  |  |  |  |
| expect to be able to return to your   | home?  |                  |                                       |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
| Please detail any financial assis   | tance vou have receive                                   | ed from other so | ources:                               |  |  |  |  |
| Provider  | <u> </u>   | of Assistance    | Amt Received                          |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  | \$                                    |  |  |  |  |
|   |  |                  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
|   |  |                  | \$                                    |  |  |  |  |
|   |  |                  |                                       |  |  |  |  |
|   |  |                  | \$                                    |  |  |  |  |
| Please indicate type of   | □ Mortgage navme   | ent (nrimary re  | \$<br>\$                              |  |  |  |  |
| Please indicate type of assistance sought:  | ☐ Mortgage paymo   |                  | \$ sidence)                           |  |  |  |  |
| assistance sought:  | Rental cost (tem   |                  | \$ sidence)                           |  |  |  |  |
|   | Rental cost (tem   |                  | \$ sidence)                           |  |  |  |  |
| assistance sought: Amount of monthly housing obl  | Rental cost (tem   | porary housing   | \$ sidence)                           |  |  |  |  |
| assistance sought: Amount of monthly housing obl Mortgage:  | Rental cost (tem   | porary housing   | \$ sidence)                           |  |  |  |  |
| assistance sought: Amount of monthly housing obl Mortgage:  Name of lender/mortgage servicer  | Rental cost (tem   | porary housing   | \$ sidence)                           |  |  |  |  |
| assistance sought: Amount of monthly housing obl Mortgage:  Name of lender/mortgage servicer Website address:                                     | Rental cost (tem   | porary housing   | \$ sidence)                           |  |  |  |  |
| assistance sought: Amount of monthly housing obl Mortgage:  Name of lender/mortgage servicer Website address: Telephone:                          | Rental cost (tem   | porary housing   | \$ sidence)                           |  |  |  |  |
| assistance sought: Amount of monthly housing obl Mortgage:  Name of lender/mortgage servicer Website address: Telephone: Mortgage Loan Account #: | Rental cost (tem   | porary housing   | \$ sidence)                           |  |  |  |  |
| assistance sought: Amount of monthly housing obl Mortgage:  Name of lender/mortgage servicer Website address: Telephone:                          | Rental cost (tem   | porary housing   | \$ sidence)                           |  |  |  |  |

| <b>IMPORTANT:</b> PLEASE COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT |             |              |            |  |                |               |  |  |
|--|-------------|--------------|------------|--|----------------|---------------|--|--|
| THAN ADDRESS PROV  | IDED ON PA  | AGE 1.       |            |  |                |               |  |  |
| Full Name:   |             |              |            |  |                |               |  |  |
| Email Address:   |             |              |            |  |                |               |  |  |
| Street Address:  |             |              |            |  |                |               |  |  |
| Unit #:  |             |              |            |  |                |               |  |  |
| City:  |             |              | State:     |  | Zip code:      |               |  |  |
|  |             |              |            |  | <u>, -</u>     |               |  |  |
|  |             |              | CLARATIO   |  |                |               |  |  |
| By signing this applic   |             | -            |            | _  |                |               |  |  |
| correct to the best of   | -           |              |            | •  | -              |               |  |  |
| listed above may be  |             | -            |            | ontained ir                                  | n this applic  | ation. I also |  |  |
| provided all supplem   | iental doci | uments as re | quired.    |  |                |               |  |  |
| Print Name of Applica  | ant:        |              |            |  |                |               |  |  |
| Signature of Applicar  | ıt:         |              |            |  |                |               |  |  |
| Date:  |             |              |            |  |                |               |  |  |
|  |             |              |            |  |                |               |  |  |
|  | r email ap  | plication w  | ith attach | ments to t                                   | the attentio   | on of:        |  |  |
| Tennessee REALTORS®  |             |              |            |  |                |               |  |  |
| Attn: Candy Harris   |             |              |            |  |                |               |  |  |
| 901 19th Avenue S  | 7           |              |            |  |                |               |  |  |
| Nashville, TN 37212-2137   |             |              |            |  |                |               |  |  |
| For Inquiries:   |             |              |            |  |                |               |  |  |
| Phone: 615.321.1477  |             |              |            |  |                |               |  |  |
| Email: rrf@tnrealtors.com  | n           |              |            |  |                |               |  |  |
|  |             |              |            |  |                |               |  |  |
|  |             |              |            |  |                |               |  |  |
| Tennessee REALTORS® Use Only:  |             |              |            |  |                |               |  |  |
| We have reviewed the a   | attached Te | nnessee REAL | TORS® Floo | ding Disasta                                 | er Relief annl | ication and   |  |  |
| recommend to the REA   |             |              |            | _  |                | icution unu   |  |  |
| Recommended Amt:   | \$          |              | Iortga     |  | ent            |               |  |  |
| CEO Signature:   |             |              |            |  |                |               |  |  |
|  |             |              |            |  |                |               |  |  |
|  |             |              |            |  |                |               |  |  |
| Special Notes:   |             |              |            |  |                |               |  |  |
|  |             |              |            |  |                |               |  |  |
| For RRF Office Use Only:   |             |              |            |  |                |               |  |  |
| Reviewed by:   |             |              |            |  |                |               |  |  |
| Amount Approved/Processed for Grant Funding: \$  |             |              |            |  |                |               |  |  |
|  |             |              |            | I  |                |               |  |  |
|  |             |              |            | <u>,                                    </u> |                |               |  |  |
|  |             |              |            |  |                |               |  |  |