





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/Flood Disaster or; 2) Rental cost due to displacement from the primary residence resulting from the Tornado/Flood Disaster or; 3) Hotel reimbursement due to displacement from the primary residence resulting from the Tornado/Flood Disaster. Relief assistance is limited to a maximum of \$1,000 per household. Deadline for application submission is September 13, 2024. Please note this assistance is for housing relief only; other expenses including second mortgages(home equity lines or loans), clothing, appliances, equipment, vehicle purchase, rental or 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.

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 Rent Statement or Lease Agreement
- 3. Hotel Receipt

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 Add	ress of Dam	aged Property:	perty:				
Unit #:							
City:			Sta	ate:		Zip code:	
Mobile Phone:			Other Phone:				
Type of Dwelling:		☐ Single Family	\square Condo/Townhouse			se	
		Other (Specify):					

PROPERTY INFORMATION/DESCRIPTION OF LOSS

Describe damage/loss relating to your primary residence:						
			<u> </u>			
Total Cost of Damage:			\$			
Total Uninsured Loss to Primary			\$			
If displaced from your primary r expect to be able to return to you		en do you				
expect to be able to retain to you	i nome:					
Please detail any financial assistance you have received from other sources:						
Provider	De	scription of Assistance			Amt Received	
					¢.	
					\$	
					\$	
					\$	
	Mortga	go navmo	nt (nrima	ry racidanc	<u></u>	
Please indicate type of	Dontal cost (tompovovy housing)				e j	
assistance sought:	_	Hotel Reimbursement (temporary housing)				
Hotel Expense Reimbursemer				рогилу по	-	
	\$					
Hotel Charge:	1.					
	1.		Rent:	\$		
Hotel Charge: Amount of monthly housing of	bligation:		Rent:	\$		
Hotel Charge: Amount of monthly housing of	bligation:		Rent:	\$		
Hotel Charge: Amount of monthly housing of	bligation:		Rent:	\$		
Hotel Charge: Amount of monthly housing of Mortgage:	bligation:		Rent:	\$		
Hotel Charge: Amount of monthly housing of Mortgage: Name of lender/mortgage service	bligation:		Rent:	\$		
Hotel Charge: Amount of monthly housing of Mortgage: Name of lender/mortgage service Website address: Telephone: Mortgage Loan Account #:	bligation:		Rent:	\$		
Hotel Charge: Amount of monthly housing of Mortgage: Name of lender/mortgage service Website address: Telephone:	bligation:		Rent:	\$		

IMPORTANT: PLEASE COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT THAN ADDRESS PROVIDED ON PAGE 1.								
Full Name:								
Email Add	Email Address:							
Street Address:								
Unit #:								
City:				State:		Zip code:		
DECLARATION By signing this application, I verify that all the information presented herein is true and correct to the best of my knowledge. I agree that the lender/service provider or landlord listed above may be contacted to verify information contained in this application. I also provided all supplemental documents as required.								
Print Nan	Print Name of Applicant:							
Signature of Applicant:								
Date:								