

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 Hurricane Irene/Tropical Storm Lee or; 2) Rental cost of temporary shelter due to displacement from the primary residence resulting from the storms. Relief assistance is limited to \$1,500 per applicant.

Eligibility

Recipient must be a full-time resident and U.S. citizen or legally admitted for residence in the United States. Applications will be reviewed without knowledge of the identity of the applicant.

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/landlord.

<i>Please complete all information to be considered for assistance</i>					
Full Name:					
Email Address:					
Street Address of Damaged Property:					
Unit #:					
City:		State:		Zipcode:	
Mobile Phone:		Other Phone:			
Type of Dwelling:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Condo/Townhouse			
	<input type="checkbox"/> Other (Specify):				

Describe damage/loss relating to your primary residence:

--

Total Cost of Damage:	\$
Total Uninsured Loss to Primary Residence:	\$
If displaced from your primary residence, when do you expect to be able to return to your home?	

Please detail any financial assistance you have received from other sources:

Provider	Description of Assistance	Amt Received
		\$
		\$
		\$

List all dependents living in the primary residence at time damage occurred:

Name	Age	Relationship

<i>Please indicate type of assistance sought:</i>	<input type="checkbox"/> Mortgage payment (primary residence) <input type="checkbox"/> Rental cost (temporary housing)		
Amount of monthly housing obligation:			
Mortgage (including taxes):	\$	Rent:	\$

REQUIRED INFORMATION: *With this application, please be sure to include a copy of your last mortgage statement or payment coupon. If renting temporary housing, please include a copy of your monthly rent statement or lease.*

Name of lender/mortgage servicer:	
Website address:	
Telephone:	
Mortgage Loan Account #:	
Name of landlord:	
Telephone:	

<i>Declaration</i>	
<i>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>	
Print Name of Applicant:	
Signature of Applicant:	
Date:	

Mail or email application with attachments to the attention of the REALTOR® Association in your state:	
<i>New Jersey Association of REALTORS®</i> Attn: East Coast Storm Relief 295 Pierson Avenue Edison, NJ 08837 Email: teresa@njar.com <i>For Inquiries:</i> Phone: 732.494.5616 Website: www.njar.com	<i>North Carolina Association of REALTORS®</i> Attn: East Coast Storm Relief 4511 Weybridge Lane Greensboro, NC 27407 Email: dgreene@ncrealtors.org <i>For Inquiries:</i> Phone: 800.443.9956 Website: www.ncrealtors.org
<i>New York State Association of REALTORS®</i> Attn: East Coast Storm Relief 130 Washington Avenue Albany, NY 12210 Email: sprividera@nysar.com <i>For Inquiries:</i> Phone: 518.463.0300 ext. 208 Website: www.nysar.com	<i>Vermont Association of REALTORS®</i> Attn: East Coast Storm Relief 148 State Street Montpelier, VT 05602 Email: chris@vtrealtor.com <i>For Inquiries:</i> Phone: 802.229.0513 Website: www.vtrealtor.com

<i>For State Association Office Use Only:</i>			
<i>Recommended Amt:</i>	\$	<input type="checkbox"/> <i>Mortgage</i>	<input type="checkbox"/> <i>Rent</i>
<i>State Association:</i>	<input type="checkbox"/> NC	<input type="checkbox"/> NJ	<input type="checkbox"/> NY <input type="checkbox"/> VT
<i>Signature of State Association CEO:</i>			
<i>Special Notes:</i>			

<i>For RRF Office Use Only:</i>	
<i>Date Received from State AOR:</i>	
<i>Reviewed by:</i>	
<i>Amount Approved/Processed for Grant Funding:</i>	\$
<i>Special Notes:</i>	