



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

**Type of Assistance**

The REALTORS® Relief Foundation has set up a fund for person(s) who have suffered losses due to the recent flooding in West Virginia. This application is for West Virginia residents who have suffered property damage to their primary residence as a result of the severe flooding event that took place on June 23-24, 2016. Assistance is available to qualified applicants for one of the following options:

- 1) Monthly mortgage expense for the primary residence or;
- 2) Cost of temporary shelter due to displacement from the primary residence resulting from the June 2016 floods. Relief assistance is limited to a maximum of \$1,000 per applicant and one grant per residence.

**Deadline for application submission is October 31, 2016.**

**Eligibility**

Recipient must be a full-time West Virginia resident and U.S. citizen or legally admitted for residence in the United States. **You must include proof of residency (e.g., driver's license or other governmental documentation evidencing residency) with this application.**

**Confidentiality**

All information provided on the 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 served basis. All grants are contingent upon the availability of funds. The REALTORS® Relief Foundation reserves the right to accept or reject any application and, for good and sufficient reasons, to cancel any grant that it has made. The Foundation also reserves the right to change the application criteria at any time. Grants will be jointly payable to applicant and mortgage lender/landlord.

**Please complete all information to be considered for assistance:**

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address of Damaged Property: \_\_\_\_\_

Unit # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_ Estimated annual income: \$ \_\_\_\_\_

Total Estimated Loss: \$ \_\_\_\_\_ Estimated Uninsurable Loss: \$ \_\_\_\_\_

**TYPE OF DWELLING**

Single family home   
Condo/Townhome   
Other: (Specify) \_\_\_\_\_

**OWN OR RENT**

Own   
Rent

**PRIMARY RESIDENCE?**

Yes   
No

**(PLEASE ATTACH INSURANCE ESTIMATE IF AVAILABLE)**

**HAVE YOU BEEN DISPLACED FROM YOUR PRIMARY RESIDENCE?**

YES   
NO

**TYPE OF REQUEST:**

MORTGAGE   
HOUSING ASSISTANCE

If Yes, Estimated Length of Displacement: \_\_\_\_\_

**YOU MUST SUBMIT ONE OR MORE OF THE FOLLOWING DOCUMENTS TO SHOW PROOF OF DAMAGE TO YOUR PRIMARY RESIDENCE.**

**PLEASE CHECK TO INDICATE YOU ARE ATTACHING ONE OR MORE OF THE FOLLOWING:**

- Pictures of damages
- Copies of written claims, settlement proceeds, or claim status reports
- Copies of repair estimates from contractors
- Copy of property information from appraisal district
- Other (describe) \_\_\_\_\_

**Please fill out the applicable box below:**

Name of Lender/Mortgage Servicer: \_\_\_\_\_

Website Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Mortgage Loan Account # \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**REQUIRED: Please include a copy of your last mortgage statement, including payment amount and balance owed.**

Name of Landlord/Shelter Provider: \_\_\_\_\_

Telephone # of Landlord or Shelter Provider: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**REQUIRED: Please include a copy of your rental agreement or proof of temporary housing costs (receipts)**

**Please provide a brief description of the damages that you have incurred:** \_\_\_\_\_

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**Please detail any financial assistance you have received from other sources by including 1.) The name of the provider  
2.) Description of assistance and 3.) The total amount received.** \_\_\_\_\_

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**Declaration of Application**

**By signing this application, I verify that all information presented is true and correct to the best of my knowledge. I understand that the REALTORS®Relief Foundation may request additional information before approving this request. (Unsigned and/or incomplete applications will not be accepted.)**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

**Address to which check should be mailed if approved:**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mail or Email completed application  
to:**

West Virginia Association of REALTORS®  
Attn.: REALTORS® Relief Fund  
2110 Kanawha Boulevard East  
Charleston, WV 25311

**Email: [ccb@wvrealtors.com](mailto:ccb@wvrealtors.com) or Fax to: 304-343-5811**

For Inquiries: 304-342-7600

**FOR WEST VIRGINIA ASSOCIATION OF REALTORS® USE ONLY**

We have reviewed the attached West Virginia Flood Disaster Relief funding application and recommend to the REALTORS® Relief Foundation that it be considered for funding.

Recommended Amount: \_\_\_\_\_

Special Notes: \_\_\_\_\_ Signature of CEO: \_\_\_\_\_

**FOR REALTORS® RELIEF FOUNDATION USE ONLY**

Date Received: \_\_\_\_\_ Amount Approved/Processed: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Special Notes: \_\_\_\_\_