



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 flooding disaster or; 2) Rental cost due to displacement from the primary residence resulting from flooding disaster. Relief assistance is limited to a maximum of \$1,000 per applicant per household. Deadline for application submission is January 15, 2019. 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. 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: | | | | | | |
|--|--------------|------------|----------------------|--------------|--|--|
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| | | | | | | |
| | | | | | | |
| Total Cost of Damage: | | | \$ | | | |
| Total Uninsured Loss to Primary Re | sidence | | \$ | | | |
| If displaced from your primary resi | | do vou | Ψ | | | |
| expect to be able to return to your h | | | | | | |
| | | | | | | |
| Please detail any financial assist | anco vou hat | zo rocojvo | d from other courses | | | |
| Provider | | | of Assistance | Amt Received | | |
| 21011102 | 20 | | | | | |
| | | | | \$ | | |
| | | | | | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | 1* | | |
| | • | | | | | |
| Please indicate type of | | | nt (primary residenc | e) | | |
| ssistance sought: Rental cost (temporary housing) | | | | | | |
| Amount of monthly housing obli | 1 | | | | | |
| Mortgage : | \$ | | Rent: \$ | | | |
| | | | | | | |
| | | | | | | |
| Name of lender/mortgage servicer | | | | | | |
| Name of lender/mortgage servicer: Website address: | | | | | | |
| Website address: | | | | | | |
| Website address: Telephone: | | | | | | |
| Website address: | | | | | | |
| Website address: Telephone: Mortgage Loan Account #: | | | | | | |

| IMPORTANT: PLEASE COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT THAN ADDRESS PROVIDED ON PAGE 1. | | | | | | | | |
|---|---|--------------|---------------|----------|-----------|--|--|--|
| Full Name: | | | | | | | | |
| Email Address: | | | | | | | | |
| Street Address: | | | | | | | | |
| | | | | | | | | |
| Unit #: | | | | | | | | |
| City: | | | State: | | Zip code: | | | |
| | | DEG | ADATION | | | | | |
| 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 Name of Applica | nt: | | | | | | | |
| Signature of Applicant | : | | | | | | | |
| Date: | | | | | | | | |
| | | • | | | | | | |
| Flint Hills Association of REALTORS® Attn: Margaret Pendleton 205 S. Seth Child Road Manhattan, Kansas 66502 For Inquiries: Phone: 785.776.1203 Email: ae@flinthillsrealtors.net | | | | | | | | |
| | Flint Hills Association of REALTORS® Use Only: | | | | | | | |
| | runt Hill | S ASSOCIUTIO | II OJ KEALT (| NYSW USE | Only: | | | |
| | We have reviewed the attached Flint Hills Association of REALTORS® Flooding Disaster Relief application and recommend to the REALTORS® Relief Foundation that it be considered for funding. | | | | | | | |
| Recommended Amt: | \$ | | Mortga | ge | Rent | | | |
| Signature of President or Special Notes: | · CEO: | | | | | | | |
| | | | | | | | | |
| For RRF Office Use Only: | | | | | | | | |
| Date Received from FHAR®: | | | | | | | | |
| Reviewed by: Amount Approved/Processed for Grant Funding: \$ | | | | | | | | |
| | sseu jur urd | mi runuing: | | Ψ | | | | |
| Special Notes: | | | | | | | | |