



## 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 Matthew or; 2) Rental cost of temporary shelter due to displacement from the primary residence resulting from the storms. Relief assistance is limited to \$1,000 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.

### GENERAL INFORMATION

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

Full Name:					
Email Address:					
Street Address of Damaged Property:					
Unit #:					
City:		State:		Zipcode:	
Mobile Phone:		Other Phone:			

Are you a REALTOR® member? Yes\_\_\_\_\_ No\_\_\_\_\_

If so, please indicate your local board:

Have you been displaced from your primary residence? Yes\_\_\_\_\_ No\_\_\_\_\_

***REQUIRED INFORMATION: Proof of Residency (e.g. copy of your driver's license or other governmental documentation evidencing residency.***

**PROPERTY INFORMATION/DESCRIPTION OF LOSS**

<b>Type of Dwelling:</b>	<b>Single Family</b>	<b>Condo/Townhouse</b>
	<b>Other (Specify):</b>	
<b>Own or Rent?</b>		
<b>Is this your primary residence?</b>		
<b><i>Describe damage/loss relating to your primary residence:</i></b>		
<b>Total Cost of Damage:</b>		
<b>Total Uninsured Loss to Primary Residence:</b>		
<b>If displaced from your primary residence, when do you expect to be able to return to your home?</b>		

<b><i>Please detail any financial assistance you have received from other sources:</i></b>		
<b>Provider</b>	<b>Description of Assistance</b>	<b>Amt Received</b>

***REQUIRED INFORMATION:*** *The following documents are required to show proof of damage to your primary residence. 1. Photos of Damages 2. Insurance Estimate 3. Copies of Repair Estimates from Contractors*

<i>Please indicate type of assistance sought:</i>	Mortgage payment (primary residence) Rental cost (temporary housing)		
Amount of monthly housing obligation:			
Mortgage:		Rent:	

**REQUIRED INFORMATION:** 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:	

#### 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 Applicant:	
Signature of Applicant:	
Date:	

**IMPORTANT: PLEASE COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT THAN ADDRESS PROVIDED ON PAGE 1.**

Full Name:					
Email Address:					
Street Address of Damaged Property:					
Unit #:					
City:		State:		Zipcode:	

<b>Mail or email application with attachments to the attention of:</b>	
<b>Charleston Trident Association of Realtors®</b> Attn: Hurricane Matthew Relief 5006 Wetland Crossing Drive Charleston, SC 29418 Email: info@charlestonrealtors.com Fax: 843.769.9401 <b>For Inquiries:</b> Phone: 843.760.9400 Website:	

<b>For Association Office Use Only:</b>			
<b>Recommended Amt:</b>		<b>Mortgage</b>	<b>Rent</b>
<b>State Association:</b>	South Carolina Association of REALTORS®		
<b>Signature of State Association CEO:</b>			
<b>Special Notes:</b>			

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