

# **Application for Disaster Relief Assistance**

**REALTORS® RELIEF FOUNDATION** 

## **Type of Assistance**

Assistance is available to qualified applicants of Missoula County towards one of the following options: 1) Monthly mortgage expense for the primary residence that was damaged by the Missoula Wind storm or; 2) Rental cost due to displacement from the primary residence resulting from the Missoula Wind Storm or; 3) Hotel reimbursement due to displacement from the primary residence resulting from the Missoula Wind Storm. Wind Storm.

Relief assistance is limited to a maximum of \$2,000 per household.

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 or 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.

# PLEASE NOTE: IF THE REQUIRED DOCUMNETS ARE NOT INCLUDING, YOUR APPLICATION PROCESSING WILL BE DELAY.

#### Name \*

First Name Last Name

#### Email \*

example@example.com

#### Street address of Damaged Property: \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

#### Mobile Phone \*

Please enter a valid phone number.

#### **Other Phone:**

Please enter a valid phone number.

#### Type of Dwelling Damaged: \*

Other Type of Dwelling not listed above:

### Describe damage/loss relating to your primary residence: \*

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

	Provider	Description of Assistance	Amount Received (\$)
1)			
2)			
3)			
4)			

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 indicate type of assistance sought \*

Hotel Expense Reimbursement:

Amount of monthly housing obligation: MORTGAGE (\$):

Amount of monthly housing obligation: RENT (\$)

### **Mortgage Information**

Name of lender/mortgage servicer:

Website address:

Telphone:

Mortgage Loan Account #

Name of Landlord/Property Manager

Telephone of Landlord/Property Manager

## **IMPORTANT:**

PLEASE COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT THAN ADDRESS PROVIDED ON PAGE 3. (EXAMPLE: IF YOU ARE CURRENTLY DISPLACED, WE WILL NEED THIS ADDRESS TO POTIENTIALLY DISTRIBUTE ANY FUNDS.)

#### Name

First Name Last Name

#### Email

example@example.com

#### Address

Response

# **DECLARATION (REQUIRED)**

#### Date \*

Month Day Year

By Signing this application, I am verifing 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.

#### Please sign or print your name \*

5