



## **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 Sally or 2) Rental cost due to displacement from the primary residence resulting from Hurricane Sally. Relief assistance is limited to a maximum of \$1,500 per applicant per household. Deadline for application submission is December 15, 2020. Please note this assistance is for housing relief only; other expenses including second mortgages(home equity lines or loans), hotel/motel expenses, 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. Grants will be jointly payable to applicant and mortgage lender or landlord.

### **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 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



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

**PROPERTY INFORMATION/DESCRIPTION OF LOSS**

|                                                                                                        |    |
|--------------------------------------------------------------------------------------------------------|----|
| <i>Describe damage/loss relating to your primary residence:</i>                                        |    |
|                                                                                                        |    |
| <b>Total Coast 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> |    |



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

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

|                                   |  |
|-----------------------------------|--|
| Name of lender/mortgage servicer: |  |
| Website Address:                  |  |
| Telephone:                        |  |
| Mortgage Loan Account #:          |  |
| Name of Landlord:                 |  |
| Telephone:                        |  |

|                                                                                                                         |  |        |  |           |  |
|-------------------------------------------------------------------------------------------------------------------------|--|--------|--|-----------|--|
| <b>IMPORTANT:</b> 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: |  |



**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.

|                                 |  |
|---------------------------------|--|
| <b>Print Name of Applicant:</b> |  |
| <b>Signature of Applicant:</b>  |  |
| <b>Date:</b>                    |  |

**Mail or email application with attachments to the attention of:**

**Baldwin REALTORS® Foundation**

Attn: Leanne Murray  
 28280 County Road 65  
 Robertsdale, AL 36567

**For Inquiries:**

**Phone:** 251-947-3777  
**Email:** leanne@baldwinrealtors.com

**Baldwin REALTORS® Foundation Use Only:**

|                          |    |                                   |                               |
|--------------------------|----|-----------------------------------|-------------------------------|
| <b>Recommended Amt:</b>  | \$ | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Rent |
| <b>Signature of CEO:</b> |    |                                   |                               |
| <b>Special Notes:</b>    |    |                                   |                               |