







# **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 the Wildfire Disaster or; 2) Rental cost due to displacement from the primary residence resulting from the Wildfire Disaster. Relief assistance is limited to a maximum of \$1,000 per applicant per household. Deadline for application submission is August 31, 2022. 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. 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

## **GENERAL INFORMATION**

Please complete all information to be considered for assistance							
Full Name:							
Email Address:							
Street Address of Damaged Property:							
Unit #:							
City:					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:							
Total Cost of Damage:			\$					
Total Uninsured Loss to Primary	Residence:		\$					
If displaced from your primary re		en do you						
expect to be able to return to you								
Please detail any financial assistance you have received from other sources:								
Provider	De	escription of Assistance			Amt Received			
					\$			
					\$			
					\$			
Please indicate type of	□Mortga	ge navme	nt (nrima	urv residenc	\$			
Please indicate type of assistance sought:				nry residenc	\$			
assistance sought:	Rental	ge payme cost (tem		_	\$			
assistance sought: Amount of monthly housing ob	Rental			_	\$			
assistance sought:	Rental		oorary ho	ousing)	\$			
assistance sought: Amount of monthly housing ob	Rental		oorary ho	ousing)	\$			
assistance sought: Amount of monthly housing ob	Rental		oorary ho	ousing)	\$			
assistance sought: Amount of monthly housing of Mortgage:	Rental		oorary ho	ousing)	\$			
assistance sought: Amount of monthly housing of Mortgage:  Name of lender/mortgage service Website address: Telephone:	Rental		oorary ho	ousing)	\$			
Amount of monthly housing of Mortgage:  Name of lender/mortgage service Website address: Telephone: Mortgage Loan Account #:	Rental		oorary ho	ousing)	\$			
assistance sought: Amount of monthly housing of Mortgage:  Name of lender/mortgage service Website address: Telephone:	Rental		oorary ho	ousing)	\$			

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:						
<b>DECLARATION</b> 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:									
Mail or email app		tachments	to the attenti	on of:					
Arizona Association of REALTORS Attn: Relief 255 E Osborn Road Suite 200 Phoenix, Arizona 85012  For Inquiries: Phone: (602) 248-7787 Email: relief@aaronline.com									
Arizona Association of REALTORS®:									
We have reviewed and approved the attached Wildfie Disaster Relief application and recommend to the REALTORS® Relief Foundation that it be considered for funding.									
Recommended Amt: \$  \textsquare Mortgage  \textsquare Rent									
Signature of President or CEO:									
Special Notes:									