Mississippi REALTORS® Disaster Relief Fund Application

Eligibility: The Mississippi REALTOR® Disaster Relief Fund (MRDRF) will provide relief to Mississippi residents who are victims of disasters in our state. All applicants must complete an application form in full to the best of their ability and submit the application along with photos of the damage. Assistance will be granted only for damage sustained to a person's primary residence. The Fund's Board of Directors will review applications without knowledge of the identity of the applicant. Typically, relief assistance is awarded in the amount of \$1,000 or less, depending on the need established on the application and availability of funds.

Confidentiality: All of the 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.

Disbursement of Funds: In order to provide for a reasonably equitable distribution of available funds, assistance will be provided on a first come, first served basis. Recipients of funds will be required to complete an IRS Form W-9 (Request for Taxpayer Identification Number and Certification) before a check is issued.

Instructions: Please complete this form in full to apply for assistance from the Mississippi REALTOR® Disaster Relief Fund. If you have questions concerning this application or need assistance to complete it, you may obtain more information by calling (601) 932-5241 or emailing info@msrealtors.org

=		imary residence that you have experienced.	
Damage to personal property and			
Are you a homeowner or a renter	? 🗆 Homeowner	□ Renter	
Are your losses covered by any in	surance policy? 🗆 Yes	s □ No	
Please list any insurance policies and the status of the claim, if filed	= = = = = = = = = = = = = = = = = = = =	over your losses, along with the deductible requi	red
Company	Deductible		
1			
3			
Please detail any financial assista	nce you have received f	from other sources.	
	\$o the residence (if availa ject property at the tim	lable): \$ ne of the damage:	_

Name:	Email Address:								
Street Address of Damage	d Property:								
City:	State:	Zip:							
What type of disaster imp	Dat	_ Date of Disaster:							
Address where you may be	e contacted or where y	you are recei	ving mail:						
Address:									
City:	State:	Zip:							
Home Phone:		C	ell Phone:						
Signature:					/	_			
Mail completed form to: Mississippi REALTORS® Dis PO Box 321000 Jackson, MS 39232-1000 Or Email to: info@msrealt									
For office use only: Applic	ation #	Date Red	eived:/_						

Mississippi REALTORS® Disaster Relief Fund PO Box 321000 Jackson, MS 39232-1000