

Mississippi REALTOR® Disaster Relief Fund Application

Eligibility: The Mississippi REALTOR® Disaster Relief Fund (MRDRF) will provide relief to Mississippi citizens who are victims of disasters in our state. All applicants must complete an application form in full to the best of their ability. **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 disasterrelief@msrealtors.org.

Describe the damage or financial loss relating to your primary residence that you have experienced.

Damage to building, land and real estate: _____

Damage to personal property and furnishings: _____

Are your losses covered by any insurance policy? Yes No

Please list any insurance policies you may have to help cover your losses, along with the deductible required and the status of the claim, if filed.

	Company	Deductible	Status of Claim
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please detail any financial assistance you have received from other sources. _____

Total Uninsured Financial Losses: \$ _____

Number of Dependents living in subject property at the time of the damage: _____

Name: _____ Email Address: _____

Street Address of Damaged Property: _____

City: _____ State: _____ Zip: _____

What type of disaster impacted your property? _____ Date of Disaster: _____

Address where you may be contacted or where you are receiving mail:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

I attest that I have answered the questions on this form truthfully and to the best of my ability.

Signature: _____ Date: ____/____/____

Mail completed form to:

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

Or Fax to: 601/932-0382

Or Email to: disasterrelief@msrealtors.org

For office use only: Application # _____ Date Received: ____/____/____

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