

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 February 2018 Flooding in the Iroquois and Kankakee counties or; 2) Rental cost due to displacement from the primary residence resulting from the Flooding. Relief assistance is limited to a maximum of \$1,000 per applicant per household. Deadline for application submission is June 15, 2018. Please note this assistance is for housing relief only; other expenses including vehicle purchase, rental, 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. Applications will be reviewed without knowledge of the identity of the applicant.

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. 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

| | | | | | |
|---|--|---|--|--|--|
| <i>Please complete all information to be considered for assistance</i> | | | | | |
| Full Name: | | | | | |
| Email Address: | | | | | |
| Street Address of Damaged Property: | | | | | |
| Unit #: | | | | | |
| City: | | State: | | Zip code: | |
| Mobile Phone: | | | | Other Phone: | |
| Type of Dwelling: | | <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> | |
|--|----|
| | |
| 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 detail any financial assistance you have received from other sources: | | |
|---|----------------------------------|---------------------|
| 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) | | |
| Amount of monthly housing obligation: | | | |
| Mortgage : | \$ | Rent: | \$ |

| | |
|--|--|
| Name of lender/mortgage servicer: | |
| Website address: | |
| Telephone: | |
| Mortgage Loan Account #: | |
| Name of landlord: | |
| Telephone: | |

| | | | | | |
|---|--|---------------|--|------------------|--|
| IMPORTANT: PLEASE COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT THAN ADDRESS PROVIDED ON PAGE 1. | | | | | |
| Full Name: | | | | | |
| Email Address: | | | | | |
| Street Address of Damaged Property: | | | | | |
| 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. | |
| Print Name of Applicant: | |
| Signature of Applicant: | |
| Date: | |

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|---|
| Mail or email application with attachments to the attention of: |
| Illinois REALTORS® Attn: Flooding Disaster Relief 522 S 5th Street Springfield, Illinois 62701 Email: disasterrelief@iar.org For Inquiries: Phone: 888.232.3090 www.illinoisrealtor.org |

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|--|----|--|--------------------------------------|
| For Illinois REALTORS® Use Only: | | | |
| We have reviewed the attached Illinois REALTORS® Tornado Disaster Relief funding application and recommend to the REALTORS® Relief Foundation that it be considered for funding. | | | |
| Recommended Amt: | \$ | <input type="checkbox"/> Mortgage | <input type="checkbox"/> Rent |
| Signature of IAR President or CEO: | | | |
| Special Notes: | | | |

| | |
|---|----|
| For RRF Office Use Only: | |
| Date Received from State AOR: | |
| Reviewed by: | |
| Amount Approved/Processed for Grant Funding: | \$ |
| Special Notes: | |