Disaster Relief Fund
Application for Individual Assistance

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1. Applicant's Full Name _____

2. Local Board/Association _____

3. Real Estate Firm Information
Firm: _____
Address: _____
City/State: _____ Zip: _____

4. Office Phone Number _____

5. Email & Mobile Number
Email: _____
Phone: _____

6. Applicant's Signature _____

7. Damaged Property Details & Address
Is this request for your primary residence? Yes ☐ No ☐
Do you Own ☐ Rent ☐
Address: _____
City: _____ State: _____ Zip: _____

8. Disaster Information & Photos
Type and date of disaster: _____
May we use your photos? Yes ☐ No ☐

9. Damage Description (Required Attachments):
- Photos showing the damage (attach to email, not in the email body)
- Insurance summary page
- Contractor repair estimates
- Insurance Adjuster's Report
- Copy of lease (if renting)

10. Insurance Information
Insurance Provider: _____
Policy Deductible Amount: $ _____

11. Mailing Address for Funds
Address: _____
City/State: _____ Zip: _____

12. Board/Association Validation (President, Officer, or AE)
Signature: _____ WAIVED
Printed Name: _____
Title: _____
Date: _____

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13. OFFICE USE ONLY

Notes/Remarks: _____

☐ Approved Check #: _____ Amount: $ _____
☐ Denied

Trustee Signature: _____ Date: _____