Disaster Relief Fund
Application for Office Damage Assistance

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1. Name of Broker-Applicant

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2. Board/Association Name

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

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4. Office Phone Number

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5. Email / Cell Contact
Email: _____
Cell: _____

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6. Broker-Applicant's Signature

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7. Damaged Location
Do you ☐ Own or ☐ Lease your office space?
If your office is in your residence, is it compliant with zoning or association regulations? ☐ Yes ☐ No ☐ N/A

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8. Type of Disaster & Photos
Date and nature of disaster: _____
Do you grant permission to use your photos? ☐ Yes ☐ No

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9. Description of Damages
Please attach the following:

- Photos of damage (attach separately, not in the email body)
- Insurance summary page
- Repair/contractor estimates

- Insurance adjuster's report
- Copy of lease (if you rent)

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10. Insurance Information
Insurance Company: _____
Total Deductible: $ _____

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

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12. Verification by Board/Association Official
Signature: _____ WAIVED
Printed Name: _____
Title: _____

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13. OFFICE USE ONLY
Notes/Remarks: _____

☐ Approved Check # _____ Amount $ _____
☐ Denied

Trustee Signature: _____
Date: _____
