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 disaster or; 2) Rental cost due to displacement from the primary residence resulting from the Disaster or; 3) Hotel reimbursement due to displacement from the primary residence resulting from the disaster. Relief assistance is limited to a maximum of $1,000 per household. The deadline for application submission is November 11, 2026. Please note, this assistance is for housing relief only **pertaining to physical property damage. Damaged homes and attached structures meet eligibility; unattached structures such as garages, sheds, barns, pavilions, etc. do not qualify. E**xpenses **due to power outages such as food spoilage, damaged appliances, clothing, and/or** equipment **are not eligible for assistance. Additionally, second mortgages (home equity lines or loans),** vehicle purchase, rental or repair, **and** mileage are ineligible for reimbursement under this program.

Eligibility

Recipient must be a full-time resident and citizen or legally admitted for residence in **the state of Indiana.**

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. An approved recipient will hav e 180 days from the check date to deposit their check. Checks not cashed in this **time frame** will be voided, the recipient's request will be closed, and funds will be returned to RRF for future disaster relief efforts.

Attachment Checklist

Required Documents:

1. Photo Identification to Show Proof of Residency
   - **i.e.** driver's license or other governmental documentation evidencing residency
2. Copy of Mortgage statement **or** New Lease Agreement **or** Hotel Receipt

One of the Following is Required to Show Proof of Residency at Damaged Property Address:

1. Photo Damages
   - ☐ ***By checking this box, I provide my consent for RRF to utilize these photos in their communication efforts to help spread awareness about disaster relief assistance.***
2. **Insurance Forms (with name and damaged property address).**
3. **Copies of written claims, settlement proceeds, or claim status reports (with name and damaged property address).**
4. **Copies of repair estimates from contractors (with name and damaged property address).**

REQUIRED: GENERAL INFORMATION

Please complete all information to be considered for assistance					
Full Name:					
Email Address:					
Street Address of Damaged Property:					
Unit #:					
City:		**State:**		**Zip Code:**	
Mobile Phone:		**Other Phone:**			
Type of Dwelling:	☐ **Single-Family** ☐ **Other (Specify):**	☐ **Condo/Townhouse**			

***REQUIRED: PROPERTY INFORMATION/DESCRIPTION OF LOSS**

Describe damage/loss relating to your primary residence:

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**
		$
		$
		$

***REQUIRED - Please indicate type of assistance sought.**	☐ **Mortgage Payment (**Or home ownership without mortgage)		
	☐ **Rental cost (temporary housing)**		
	☐ **Hotel Reimbursement (temporary housing)**		
Hotel Expense Reimbursement:			
Hotel Charge:	$		
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:					
Unit #:					
City:		**State:**		**Zip Code**	

DECLARATION (REQUIRED)

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:	

Eligible signatures include wet signature or e-signature (i.e DocuSign). Display font signatures (i.e. Microsoft Word) will not be accepted.

Mail or email application with attachments to the attention of:

Contact Info: Richmond Association of Realtors
Attn: Kristin Fahl
900 N E St
Suite 200
Richmond, IN 47374

For Inquiries: 765-966-7653

Email: rarsecretary@gmail.com

Name of Association of REALTORS® Use Only:

We have reviewed the attached Disaster Relief application and recommend to the REALTORS® Relief Foundation that it be considered for funding.

Recommended Amt:	**$**	☐ ***Mortgage***	☐ ***Rent***	☐ ***Hotel***
Signature of Local CEO:		**Signature of State CEO:**		
Special Notes:				