

ILLINOIS REALTORS® RELIEF Application for Disaster Relief Assistance

Type of Assistance

Assistance is available to qualified applicants towards documented housing, subsistence, and other needs which in the view of the oversight Committee aid the applicant in their daily needs and employment. Relief assistance is limited up to \$500 per application. Deadline for application submission is March 1, 2014. Please note this assistance is need based and other forms of assistance may be taken into consideration.

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 the 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 served basis. All grants are contingent upon the availability of funds. The ILLINOIS REALTORS® Relief reserves the right to accept or reject any application and, for good and sufficient reasons, to cancel any grant that it has made. The Committee also reserves the right to change the application criteria at any time. Grants will be jointly payable to applicant and a church or another 501 (c) (3) Charitable Organization.

information to be consi	dered for assist	ance		
amaged Property:				
	State:		Zip Code:	
	Other Phone:		·	
☐ Single Family ☐ Condo/Townhome				
Other (specify)				
Do you own or rent? Own Rent		Own		Rent
Is this your primary residence? Yes No] No
	maged Property: Single Family Other (specify) Own Rent	State: Other Phone: Other (specify) Own Rent	State: Other Phone: Single Family	State: Zip Code: Other Phone: Single Family Condo/Townhome Other (specify) Own Rent Own

Total Estimated Loss:			
Estimated Uninsurable Loss:			
	Attach insurance estin	nate, if available	
Have you been displaced from		☐ Yes	□ No
If yes, estimated length of displ	acement:		
Assistance Requested:		Housing	Subsistence
		_	Equipment related to
		employment	
D	0.1		T. (2)
(Please complete ONE	of the sections below	- related to the As	sistance Requested)
Name of Lender/Mortgage Se	rvicer:		
Website Address:			
Telephone#:			
Mortgage Loan Account#:			
Monthly Payment:			. 1 1
REQUIRED: Please include a	current copy of your last	mortgage statement,	including payment amount
and balance owed.			
NI OF HIS CO.	D •1		
Name of Landlord or Shelter			
Telephone # of Landlord or She Provider:	eiter		
Monthly Payment: REQUIRED: Please include a	sianad sany of your ment	1 agreement on mage	of tampagay haveing agets
(receipts)	signed copy of your rend	ar agreement or proor	of temporary flousing costs
(receipts)			
Other Damage Related Assist	ance		
Description:	ance		
Description.			
REQUIRED: Please include a	copy of your receipt or a	n estimate of replacer	ment
	topy of your receipt of a	in opinion of replace.	
Please provide a brief descrip	tion of the damages tha	t you have incurred	1

Please detail any financi	lai assist	_				
Provider		Descript	ion of Assistance	Amount Received		
		Declarat	tion of Applicant			
By signing this application	n, I verif	y that all infor	mation presented is tru	e and correct to the best of my		
knowledge. I understand	that the	Illinois Associa	ation of REALTORS®	may request additional		
information before appro-	ving this	request. (Unsi	igned and/or incomple	te applications will not be		
accepted.)						
Print Name of Applicant:						
Signature of Applicant:						
Date:						
Address to which check s	hould be	mailed:				
Full Name:						
Address:						
City:						
State:		Zip:	:			
			· I			
Mail or email	Illinois	Ilinois Association of REALTORS®				
application to:		Attn: Tornado Disaster Relief				
		522 South 5 th Street, Springfield, IL 62701				
		Email: disasterrelief@iar.org				
		For Inquiries: 217-529-2600				
	www.illinoisrealtor.org					
For Illinois REALTORS® Relief Use Only						
We have reviewed the attached IAR Tornado Disaster Relief funding application and recommend to the						
REALTORS® Relief Foundation that it be considered for funding.						
Special Notes:						
Special 1 (occs)						
Date Received:		Amount An	proved/Processed: \$			
Reviewed By:		1 2223 6311 1 1 1	Γ			
Date Approved:						
Signature of IAR Preside	nt or CFC)·				
5 5 march of 17 m 1 restuc	III OI CEC	J.	Í			