



RANWW
Foundation



RANWW Foundation /Wisconsin REALTORS® 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 tornado or; 2) Rental cost of temporary housing due to displacement from the primary residence resulting from the tornado. Relief assistance is limited to \$1,000 per applicant per household.

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/landlord.

Attachment Checklist

Required for All Applicants

1. Proof of Residency [ie. 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:		Zipcode:	
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

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
		\$
		\$
		\$

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:		Zipcode:	

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:	

Mail or email application with attachments to the attention of:
REALTORS® Association of Northwestern Wisconsin Attn: Tornado Disaster Relief 3460 Mall Drive, Suite 5A Eau Claire, Wisconsin 54701 Email: brenda@ranww.org For Inquiries: Phone: 715.835.0923

For RANWW Office Use Only:			
Recommended Amt:	\$	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Rent
State Association:	<input type="checkbox"/> TN	<input type="checkbox"/>	<input type="checkbox"/>
Signature of State Association CEO:			
Special Notes:			

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