

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. Expenses 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 have 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:

MEIAR Helping Hands
Diana Martin
Ashley Gregory
3908 N Rosewood Ave
Muncie, IN 47303

For Inquiries: (765) 747-7197

Email: helpinghands.meiar@outlook.com

Mid-Eastern Indiana Association of REALTORS®, Inc 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:				



REQUIRED DOCUMENTATION CHECKLIST

Please see each situation below to determine which documents are required with your application:

IF YOU OWN YOUR PRIMARY HOME AND PAY A MONTHLY MORTGAGE	IF YOU OWN YOUR HOME (no mortgage on your primary residence)	IF YOU ARE A HOMEOWNER OR RENTER, WERE DISPLACED, & HAVE NEW LIVING ARRANGEMENTS (must have new lease documentation)	IF YOU ARE A HOMEOWNER OR RENTER, WERE DISPLACED, & STAYED AT A HOTEL OR AIRBNB (must have physical damage to residence)
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Please provide the following:	Please provide the following:	Please provide the following:	Please provide the following:
Photo ID	Photo ID	Photo ID	Photo ID

Mortgage statement of damaged property (must list applicant's first/last name and address of damaged property)	Copy of property taxes or property Deed (must list applicant's first/last name and address of damaged property)	Copy of NEW lease agreement for the NEW leased property (must list applicant's first/last name, date of new lease, address of new leased property, executed signatures by the applicant and landlord)	Hotel receipt (must list first/last name, date, duration of stay, room & tax rate, and proof of payment in full) OR Airbnb receipt (must list first/last name, date, duration of stay, room rate, and proof of payment in full)
Proof of damage (photo damages, insurance estimates, copy of written claims, <u>or</u> copy of repair estimates)	Proof of damage (photo damages, insurance estimates, copy of written claims, <u>or</u> copy of repair estimates)	Proof of damage (photo damages, insurance estimates, copy of written claims, <u>or</u> copy of repair estimates)	Proof of damage (photo damages, insurance estimates, copy of written claims, <u>or</u> copy of repair estimates)



You **will qualify** for aid if you meet any of the following:

- If you own your **primary residence**, pay a monthly mortgage, and there was physical property damage due to the storm.
- If you own your **primary residence** (no mortgage) and there was physical property damage due to the storm.
- If you have a new lease/lease agreement due to displacement from your primary residence as result from the storm.
- If you rent your primary residence, were evacuated, and incurred a hotel or Airbnb expense as a result from the storm.

You will **not qualify** for this grant program if any of the following pertain:

- If you rent your home, encountered damages, and were not displaced.
- If you experienced a power outage without physical property damage.
- If there was not damage to your primary dwelling.

Please note:

- If the documentation provided (mortgage statement, rental agreement, hotel receipt, insurance claims, reports, and/or repair estimates) list a different name other than the applicant's name, please provide a copy of the other individual's photo ID and explain relationship to applicant (i.e. spouse, parent, friend).