



## RELIEF FOUNDATION

The Missouri Association of REALTORS® established the Missouri REALTOR® Relief Foundation to provide relief to those suffering from natural or manmade disasters which result in damages affecting the ability of owners of real estate to enjoy the fruits of ownership, affects the ability of REALTORS® to practice their trade or in any other way affects the usage, enjoyment, or the effectiveness of real estate.

### Minimum Qualifications to Request Assistance

Applicants must be a member of the Missouri REALTOR® family (REALTOR® Members and staff of Missouri REALTORS® or Local Boards/Associations) prior to the disaster and whose home or real estate office has sustained serious physical and/or structural damage to include but not limited to water intrusion. The following types of damages do not qualify for assistance from the Disaster Relief Fund: loss of or damage to outbuildings, cars, boats and recreational vehicles, pool and patio enclosures, pool pumps or pool equipment, blown shingles, personal property, landscaping including downed trees and debris removal, loss of perishable food, fencing, driveways and sidewalks, office signage, other minor damage and loss of income.

### How to Apply For Relief Assistance

Attach the following items:

- 1) The attached application, completed in its entirety, must include appropriate signatures and be accompanied by:
  - a. Color photos showing damage (*digital preferred*)
  - b. A written assessment from your insurance company or a licensed contractor's estimate to replace or repair damaged areas (*or both*)
  - c. Qualifying repair receipts to date and any additional information which may assist with describing your disaster and subsequent damage
- 2) Two separate applications are required if both your broker office and residence sustained damage.

### Instructions for Application Completion

The below correspond with the numbering on the application. **If you have any questions regarding completion of the application, contact us at 573-445-8400 ext. 111 or [mrrf@morealtor.com](mailto:mrrf@morealtor.com).**

- 1-5) Complete your business and membership information.
- 6) Signature of applicant seeking assistance.
- 7) Check appropriate boxes to indicate residence or office, then check if you own or rent.
- 8) Note date and type of disaster. Answer the question concerning anonymously utilizing your images.
- 9) Describe the damage that is shown in the photographs.
- 10) Note name of insurance company and deductible amount.
- 11) Note the physical address of the damaged property you are applying for assistance.
- 12) Application must be signed by one of the following members of your Local Board/Association:  
President, Officer, or Association Executive.

Send application and noted documentation to: [mrrf@morealtor.com](mailto:mrrf@morealtor.com) or 2601 Bernadette Place, Columbia MO 65203

# APPLICATION for Missouri REALTORS® Relief Fund Request for Assistance

1) Applicant's Name: \_\_\_\_\_

2) Local Board/Association: \_\_\_\_\_

3) Real Estate Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4) Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5) E-mail address: \_\_\_\_\_

6) Signature of Applicant: \_\_\_\_\_

7) **Damaged Property** (NOTE: If damage to both home and office, two separate applications must be submitted)

Is this request for your personal residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this request for your office? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, you must be the broker/owner of record)

Is the property owned or rented? Own \_\_\_\_\_ Rent \_\_\_\_\_

8) **Disaster Type & Images**

Date of disaster: \_\_\_\_\_ Type of Disaster: \_\_\_\_\_

Do we have your permission to use your images? Yes \_\_\_\_\_ No \_\_\_\_\_

9) **Describe damage:**

Required Attachments : *Photos showing damage, Contractor estimates, and/or Insurance Adjustor Assessment*

10) **Insurance Coverage**

Insurance Company Name: \_\_\_\_\_ Total Deductible Amount: \$ \_\_\_\_\_

11) **Address of Damage:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12) **Validation by either Board/Association: President, Officer or Association Executive**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Send completed form to: [mrrf@morealtor.com](mailto:mrrf@morealtor.com)  
or 2601 Bernadette Place, Columbia MO 65203  
Questions: 573-445-8400 ext 111

