Minimum Qualifications to Request Assistance
Applicants must be a member of the Missouri REALTOR® family (REALTOR® Members, and staff of MO REALTORS/Local Boards) 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 & recreational vehicles, pool & patio enclosures, pool pumps or pool equipment, blown shingles, personal property, landscaping including downed trees & debris removal, loss of perishable food, fencing, driveways & 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 the Erin Hervey at 573-445-8400 ext. 111 or erin@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.
13) DO NOT WRITE IN THIS AREA

Send application and noted documentation to: erin@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: ______________________
   May we utilize 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: erin@morealtor.com or 2601 Bernadette Place, Columbia MO 65203. Questions: 573-445-8400 ext 111

13) THIS SECTION FOR OFFICE USE ONLY

   Remarks:
   Approved?    Yes _____    No _____  Check #: _________  Amount $__________