



**LOCAL PAAR CARES
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 January 15, 2016. 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 PAAR Cares Foundation 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.

<u>Please complete all information to be considered for assistance</u>					
Full Name:					
Email Address:					
Street Address of Damaged Property:					
Unit #:					
City:		State:		Zip Code:	
Mobile Phone:		Other Phone:			
Type of Dwelling: Condo/Townhouse	<input type="checkbox"/> Single Family		<input type="checkbox"/> Condo/Townhome		
	<input type="checkbox"/> Other (specify)				
Do you own or rent?		<input type="checkbox"/> Own		<input type="checkbox"/> Rent	
Is this your primary residence?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Total Estimated Loss: (Dollar amount)			\$		

Please detail any financial assistance you have received from other sources:		
Provider	Description of Assistance	Amount Received

Declaration of Applicant			
By signing this application, I verify that all information presented is true and correct to the best of my knowledge. I understand that the PAAR Cares Foundation may request additional information before approving this request. (Unsigned and/or incomplete applications will not be accepted.)			
Print Name of Applicant:			
Signature of Applicant:			
Date:			
Address to which check should be mailed:			
Full Name:			
Address:			
City:			
State:		Zip	
Landlord Signature:		Phone	

By signing this document you are indicating the individual(s) have been approved for residence, upon receipt of payment.

MAKE SURE YOUR APPLICATION IS COMPLETE AND THE NECESSARY DOCUMENTATION IS ATTACHED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Mail or email application to:	Peoria Area Association of REALTORS® 7307 N. Willowlake Court Peoria, IL 61614 For Inquiries: 309.688.8591
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For PAAR CARES Foundation Use Only	
We have reviewed the attached Disaster Relief funding application and recommend to the PAAR Cares Foundation that it be considered for funding.	
Special Notes:	
Date Received:	Amount Approved/Processed: \$
Reviewed By:	
Date Approved:	
Signature of PAAR President or CEO:	