

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.

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 I	Phone:			
Type of Dwelling: Condo/Townhouse	Single Family			Condo/Tov	vnhome	
	Other (specify))				
Do you own or rent?				Own		Rent
Is this your primary residence?				Yes		□ No
Total Estimated Loss: (Dollar amount)		\$)			

Estimated Uninsurable Loss: (Dollar amount) \$				
Attach insurance estimate, if available				
and the same and t				
Have you been displaced from your primary r	esidence?	☐ Yes ☐ No		
If yes, estimated length of displacement:				
Assistance Requested:		☐ Housing ☐ Subsistence		
		Other; e.g. Equipment related to		
		employment		
· •		d attached documents to substantiate the		
Assis	stance Re	quested)		
Name of Lender/Mortgage Servicer:				
Website Address:				
Telephone#:				
Mortgage Loan Account#:				
Monthly Payment:	. C 1 ·	manufacture at a form and the first of		
REQUIRED: Please include a current copy of				
amount and balance owed (or have landlord s	ign this app	oncation).		
Nome of Landland on Chalten Duovidens				
Name of Landlord or Shelter Provider:				
Telephone # of Landlord or Shelter Provider:				
Monthly Payment:				
REQUIRED: Please include a signed copy o	f vour rant	al agraement or proof of temporary housing		
costs (receipts), or have landlord sign this app		ar agreement of proof of temporary housing		
costs (receipts), or have functional sign time app	Tication.			
Address of Short Term Housing				
(use of requested funds):				
Other Damage Related Assistance				
Description:				
Description:				
REQUIRED: Please include a copy of your	receint or a	n estimate of replacement		
RECORED: I lease metade a copy of your fa	iccept of a	in estimate of replacement		
Please provide a description of the damage	s that you	have incurred:		
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Please detail any financial assistance you have received from other sources:				
Provider	Description of Assistance	Amount Received		
	Declaration of Applicant			
	I verify that all information presented is true			
•	d that the PAAR Cares Foundation may requ			
before approving this reques	st. (Unsigned and/or incomplete applications	s will not be accepted.)		
Print Name of Applicant:				
Signature of Applicant:				
Date:				
Address to which check sho	uld be mailed:			
Full Name:				
Address:				
City:				
State:	Zip			
Landlord Signature:	Pho	ne		
-	By signing this document you are indicating	`		

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 C	EO:				