

West Virginia REALTOR Relief Fund
Request for Assistance Application

Name: _____

Address: _____

Phone # _____ Cell # _____

Names of Family members living @ address:

1) _____
Name Age Relationship

2) _____
Name Age Relationship

3) _____
Name Age Relationship

If additional space is needed attach or add more than one name to the line.

Describe Nature of Need in detail: Please attach any supporting information.

Date of Disaster: (fire, flood, sickness, etc.) _____

Amount of Assistance Requested: _____

Has there been a Fund set up for additional assistance ? _____
Yes No

If so please name the Location/Bank, etc; _____.

Contact Person: _____

Address: _____

Phone #: _____

Office use only

Date Request received: _____.

Reviewed by: _____

Signature

Date

Reviewed by: _____

Signature

Date

Approved: _____ Rejected: _____

Approved by: _____

Signature

Date

Approved by: _____

Signature

Date

Amount Approved: _____

Signature or Initials

Date