West Virginia REALTOR® Relief Fund
Request for Assistance Application

Name: _____

Address: _____

Cell: _____ Email: _____

Describe the nature of the need **in detail** with supporting information, if any (please be legible):

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

Amount of assistance requested: _____

Person making request: _____

Contact Information: _____

The above statements are true and correct to the best of my knowledge.

_____ _____

Signature Date