



**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):

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

Amount of Assistance Requested: _____

Person Making Request: _____

Contact Information: _____

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

Signature

Date

Upon completion, please send your application to WVRRF@WVREALTORS.COM

Admin Only: Approved Yes _____ Amount _____ Date Check Sent _____ No _____