



**New Hampshire REALTORS® Disaster Assistance Foundation, Inc.**

**APPLICATION**

Please return application to:

“The Foundation”  
c/o NHAR  
11 South Main Street  
Suite 301  
Concord, NH 03301

1. Applicant: \_\_\_\_\_
2. Current mailing address: \_\_\_\_\_
3. Prior mailing address: \_\_\_\_\_
4. Telephone number(s): \_\_\_\_\_
5. E-mail address, if available: \_\_\_\_\_

**PURPOSE**

The purpose of the New Hampshire REALTORS® Disaster Assistance Foundation, Inc. fund is to provide financial assistance not covered by other programs or insurance for shelter, loss of livelihood, medical attention, clothing and other relief to the victims of natural disasters or other hardships. It focuses on emergency family, housing and livelihood needs that must be met in order for the individuals to continue working and contributing to the rebuilding of the community.

Please answer the questions to the best of your ability providing as much factual detail as you think would be helpful to the Foundation’s Board. Not all questions may be applicable for your individual circumstance. You may attach additional sheets, if necessary.

Applicant: \_\_\_\_\_

6. Family members and ages of persons affected in the household: \_\_\_\_\_  
\_\_\_\_\_

7. Funds requested for (**check all that apply**):

- Medical attention or supplies       Temporary housing  
 Relocation assistance               Emergency housing repairs  
 Food and Clothing                       Other: \_\_\_\_\_

8. Please describe the basis of your need (please be as specific as possible and **include any relevant documents that support your request**).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Please provide a detailed list of estimates and/or invoices for repairs or replacements that support your request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What are the critical needs that must be met to regain your livelihood and how much do you estimate it will cost to meet those needs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you currently employed? If so, please list employer and briefly describe occupation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_

12. Are you covered by any of the following forms of insurance?: (**circle any that apply**)

A. Property and Casualty Insurance

B. Flood Insurance

13. Have you applied for any other disaster relief? If so, what type?

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14. Have you been granted any other form of disaster relief?

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15. Please provide the names and contact information for two individuals who may serve as personal references:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT

I certify that the information included in this application form and questionnaire is true and that this request for assistance is accurate to the best of my knowledge. I understand that a fraudulent misrepresentation or omission of any information requested is grounds for immediate refusal to grant assistance under this program.

I understand that the granting of such assistance is neither a right nor an entitlement and that the New Hampshire REALTORS® Disaster Assistance Foundation, Inc. shall have sole discretion in determining whether I qualify for assistance. I further acknowledge that the Directors reserve the right to require additional documentation when needed in arriving at this determination.

By checking the box below labeled “yes”, I hereby grant the New Hampshire REALTORS® Disaster Assistance Foundation, Inc. the authority to disclose my identity in connection with the consideration of this application. Yes No

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Signature of person completing application

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Print Name

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Date