



New Hampshire REALTORS® Disaster Assistance Foundation, Inc.

INSTITUTION 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 individuals to continue working and contributing to the rebuilding of their communities.

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. Target communities assisted by your institution: _____

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 what events have led to the needs you seek to address (please be as specific as possible and **include any relevant documents that support your request**).

9. Please provide a detailed description how you will utilize the requested funds.

10. How much do you estimate it will cost to meet the needs you seek to address?

11. Are there funds available through insurance, Federal aid or State aid to address the needs you seek funds for? If yes, please describe below.

12. Have you applied to the Foundation before? If yes, when?

13. Is the Applicant a 501(c)(3) organization in good standing.

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 the undersigned's 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 making its determinations. 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 the Applicant's identity in connection with the consideration of this Application.

Yes No

Signature of person completing application

Print Name

Date