FAR Disaster Relief Fund

Request for Assistance

Realtor/Association Employee	
Local Board/Association	
Real Estate Firm Address	 City Zip
Office Phone	( ) -
Cell	( ) -
Signature of Applicant	
1) Describe damage. 2) Attach 1-2 digital photos. 3) Attach copy of repair estimates. 4) Provide name of property insurance company and deductible. 5) Did you request "Additional Living Expenses" or "Business Interruption" coverage?	
Damaged Property	Personal residence ☐ or Real Estate office ☐
Address of Damage	 City Zip
Signature of Board/Assn. President/Officer/AE	_____ (Signature) _____ (Name) _____ (Title) _____ (Date)

FOR OFFICE USE

Remarks _____

_____

Approved ☐ Check #_____ Amount $_____ Denied ☐

by _____ _____
(Trustee) (Date)

(9/16/04)

Send completed form to:
BarbaraM@FAR.org -or-
FAR, P.O. Box 725025, Orlando FL 32872-5025