





Below are some tips to help you complete this application:

Confidentiality:

All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application to the applicant's lender or landlord, if requested. It will not be shared with other parties for any other purpose.

Eligibility:

Recipient must be a full-time resident and U.S. citizen or legally admitted for residence in the United States.

Required for All Applicants:

1. Photo Identification to Show Proof of Residency:

i.e. driver's license **OR** other government documentation evidencing residency

2. Depending on type of assistance requested:

a. Copy of Mortgage Statement OR

- b. New Lease Agreement OR
- c. Hotel Receipt

3. Show Proof of Damage to your Primary Residence with one of the following:

- a. Photos of Damages.
- b. Insurance Estimate.
- c. Copies of Written Claims, Settlement Proceeds or Claim Status Reports.
- d. Copies of Repair Estimates from Contractors.

4. A completed, signed, application

If you are unable to sign it, let us know when sending the application, and we can have you sign it electronically via Docusign.

On Behalf for the Palos Verdes Peninsula Association of REALTORS[®], we are hoping to help every qualified household that has been affected by the peninsula landsides by offering this grant assistance. We worked long and hard to get this grant, and we want to get this money to you and your neighbors! If you have any questions, the best way to reach us is via the email on the application: <u>pvparcares@gmail.com</u>

Sincerely,

Jason Buck, 2024 President | Jennifer Goorchenko, Chief Executive Officer The Palos Verdes Peninsula Association of REALTORS® 28441 Highridge Rd., Suite 401, Rolling Hills Estates, CA 90274









REALTORS® RELIEF FOUNDATION Application for Disaster Relief Assistance

Type of Assistance:

Assistance is available to qualified applicants towards **one** of the following options:

1) Monthly mortgage expense for the primary residence that was damaged by the Landslide Disaster or;

2) Rental cost due to displacement from the primary residence resulting from the Landslide Disaster or;

3) Hotel reimbursement due to displacement from the primary residence resulting from the Landslide Disaster.

Relief assistance is limited to a maximum of \$1,000 per household. **Deadline for application submission is** DECEMBER 6th, 2024.

Please note this assistance is for housing relief only; other expenses including second mortgages (home equity lines or loans), clothing, appliances, equipment, vehicle purchase, rental or repair, and or mileage are ineligible for reimbursement under this program.

Eligibility : Recipient must be a full-time resident and U.S. citizen or legally admitted for residence in the United States.

Confidentiality:

All information provided on this form will remain confidential and will be available only to those who need to confirm eligibility for assistance and to those who process the assistance to be provided. This includes providing a copy of this application to the applicant's lender or landlord, if requested. It will not be shared with other parties for any other purpose.

Disbursement of Funds:

In order to provide for a reasonable and equitable distribution of funds, assistance will be provided on a first come, first serve basis. All grants are contingent upon the availability of funds.

Attachment Checklist

Required for All Applicants

- 1. Photo Identification to Show Proof of Residency [i.e. driver's license <u>or</u> other governmental documentation evidencing residency]
- 2. Copy of Mortgage Statement or New Lease Agreement or Hotel Receipt.

<u>One of the Following</u> is Required to Show Proof of Damage to your Primary Residence:

a. Photos of Damages.

b. Insurance Estimate.

- c. Copies of Written Claims, Settlement Proceeds or Claim Status Reports.
- d. Copies of Repair Estimates from Contractors.

***REQUIRED: GENERAL INFORMATION**

Please complete all information to be considered for assistance						
Full Name:						
Email Address:						
Street Address of Damaged Property:						
Unit #:						
City:			State:		Zip Code:	
Mobile Phone:			Other Pho	ne:		
		Single-Family	🗌 Condo/	Townhouse		
Type of Dwellin	ng:	Other (Specify):				

***REQUIRED: PROPERTY INFORMATION/DESCRIPTION OF LOSS**

Describe damage/loss relating to your primary residence:

Total Cost of Damage:	\$
Total Uninsured Loss to Primary Residence:	\$
If displaced from your primary residence, when do You expect to be able to return to your home?	

Please detail any financial assistance you have received from other sources:				
Provider	Description of Assistance	Amt Received		
		¢		
		\$		
		\$		
		\$		

	Mortgage Payment (primary residence)			
*REQUIRED - Please indicate type of assistance sought.	□ Rental cost (temporary housing)			
assistance sought.	☐ Hotel Reimbursement (temporary housing)			
Hotel Expense Reimbursement:				
Hotel Charge:	\$			
Amount of monthly housing obligation:				
Mortgage:	\$	Rent:	\$	

Name of lender/mortgage servicer:	
Website address:	
Telephone:	
Mortgage Loan Account #:	
Name of Landlord:	
Telephone:	

IMPORTANT: <u>PLEASE</u> COMPLETE THIS SECTION IF CURRENT MAILING ADDRESS IS DIFFERENT THAN ADDRESS PROVIDED ON PAGE 1.

Full Name:					
Email Address:					
Street Address:					
Unit #:					
City:			State:	Zip Code	

DECLARATION (REQUIRED)

By signing this application, I verify that all the information presented herein is true and correct to the best of my knowledge. I agree that the lender/service provider or landlord listed above may be contacted to verify information contained in this application. I also provided all supplemental documents as required.

Print Name of Applicant:

Signature of Applicant:

Date:

Mail or email application with attachments to the attention of:

Contact Info: The Palos Verdes Peninsula Association of REALTORS® ATTN: Disaster Relief Assistant

For Inquiries: 310-377-4873

Email: PVPARCares@gmail.com

ATTN: Disaster Relief Assistance 28441 Highridge Road, Ste. 401 Rolling Hills Estates, CA 90274

Palos Verdes Peninsula Association of REALTORS® Use Only:

We have reviewed the attached Disaster Relief application and recommend to the REALTORS® Relief Foundation that it be considered for funding.				
Recommended Amt:	\$	Mortgage	Rent	Hotel
Signature of CEO:				
Special Notes:				

Please look over the checklist below to make sure that your application packet is complete and ready for us to process, and for the underwriter to fund!
pg 1- Your name, phone, address, and email address, and all text are all legible
pg 1- Photo ID to show evidence of residency: i.e. driver's license or other governmental documentation
pg 2- <mark>One of the Following to Show Proof of Damage to your Primary Residence (Required):</mark> Photos of damage / Insurance Estimate / Written claims/ Repair estimates from Contractors
pg 2- Description of damage/loss
pg 2- Chosen type of assistant requested
pg 3-If you requsted assistance for mortgage payment: a copy of mortgage statement is required
pg 2 - If you do not have a mortgage, please note that at the bottom of page 2 or top of page 3 of the application
pg 2- If you requested Rental cost assistance: a copy of your temporary housing lease is required
pg 2 - If you requested Hotel Reimbursment: a copy of the hotel bill/folio is <mark>required</mark>
pg3 - If you requsted hotel or rental assistance, be sure you have filled out the "current mailing address" section
pg3- Your signature: wet signature, or e-verified (not just typed in) is <mark>required</mark>
pg3- If you are unable to sign, please email your completed application to pvparcares@gmail.com and let us know.
Once we receive your email requesting signature assistance, we will email you your application to securely sign digitally via Docusign or Authentisign.

Time line: approximately 2-4 weeks from submission of a complete application packet to funding

Once your application packet is complete and ready to submit:

Email it to PVPARcares@gmail.com

or

Drop it off at our office: 28441 Highridge Rd, Ste 401, Rolling Hills Estates

Please do not mail the application, it may not arrive in time .

Thank you, and Happy Holidays!