

**Florida Realtors® Disaster Relief Fund  
Request for Individual Assistance**

<b>1. Applicant's Name</b>	
<b>2. Local Board/Association</b>	
<b>3. Real Estate Firm Name/Address</b>	Firm: Address: City/State: Zip:
<b>4. Office Phone</b>	
<b>5. E-mail Address/Cell Phone</b>	Email address: Cell:
<b>6. Signature of Applicant</b>	
<b>7. Damaged Property Information and Address</b>	Is this request for your personal residence? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you Own <input type="checkbox"/> or Rent <input type="checkbox"/> ? Address: City: State: Zip:
<b>8. Disaster Type &amp; Images</b>	Date and type of Disaster _____ May we utilize your images? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>9. Describe Damage</b> Required Attachments: * Photos showing damage (please attach to email, do not place in body of email) *Insurance summary page *Contractor estimates *Insurance Adjustor Assessment *If renting, a copy of your lease	
<b>10. Insurance Coverage</b>	Insurance Co. Name:  Total Deductible Amount: \$
<b>11. Address to mail funds:</b>	Address:  City/State: Zip:
<b>12. Validation by either the Board/Association: President, Officers, or AE</b>	Signature: _____ Name: _____ Title: _____ Date: _____
<b>13. THIS SECTION FOR OFFICE USE ONLY</b>	
Remarks _____ _____	
Approved <input type="checkbox"/> Check # _____ Amount \$ _____ Denied <input type="checkbox"/>	
By Trustee: _____ Date: _____	

Send completed form to: [drfclaims@floridarealtors.org](mailto:drfclaims@floridarealtors.org) OR  
Florida Realtors® DRF  
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Questions: 407-438-1400, ext. 2426