

# Mississippi Association of Supervisors

793 N. President Street, Jackson, Mississippi 39202

Office 601.353.2741 ~ Fax 601.353.2749

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[www.mssupervisors.org](http://www.mssupervisors.org)



## MEMORANDUM

To: All Mississippi Counties

From: Derrick Surrette, Executive Director

Date: February 28, 2019

Re: Mississippi Association of Supervisors Disaster Relief Fund

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The Mississippi Association of Supervisors has established the Mississippi Association of Supervisors Disaster Relief Fund (the "Fund") for the purpose of assisting qualified county employees who have suffered as a result of a natural disaster such as recently experienced in your counties.

In anticipation of a declaration of natural disaster for flooding and tornado damages in February 2019, MAS is distributing this an application form for county employees who were affected by the disasters. Applications will be accepted from any county included in a state and/or federal disaster declaration.

Among other considerations, the following minimum guidelines have been established:

1. Applicant must have been a county employee on the date of disaster and have sustained damage to their home and/or essential home-related personal property (primary vehicle) and have out-of-pocket expenses of at least \$1,000.
2. Applicants must provide documentation as set out in the application. No elected official (including Supervisors) will be eligible.
3. Upon confirmation of county employment, the applications will be submitted to the Fund committee for consideration, and a determination of support will be made, taking into consideration factors including, but not limited to, the applicant's qualifications and documentation, the severity of the need, the availability of relief funds in the Fund and the number of requests.

The Fund reserves the discretion to deny any and all applications. Please understand that submitting an application does not in any way ensure or guarantee assistance will be awarded by the Fund.

Please submit your applications within sixty (60) days of the date of the notice to: MAS Disaster Relief Fund, 793 North President Street, Jackson, MS 39202.

# MISSISSIPPI ASSOCIATION OF SUPERVISORS

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## MISSISSIPPI ASSOCIATION OF SUPERVISORS DISASTER RELIEF FUND APPLICATION

Mail **original signed and notarized** application to:  
MAS Disaster Relief Fund  
793 North President Street  
Jackson, MS 39202

PLEASE PRINT:

NAME: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: (please include street address, city, state, and zip)

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

Current Mailing Address (if unable to receive mail at home address):

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

Home Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Job Supervisor: \_\_\_\_\_

Estimated out-of-pocket costs: \$ \_\_\_\_\_

Please identify in detail the nature of the damage that you have sustained on your home, including status (habitable, inhabitable, destroyed, unsafe, etc.) and/or personal property, and the cost of repair, rebuild or replacement. **Photographs of before and after may also be included in your application.** Include **ALL TYPES** of insurance coverage that you may have had as of the date of storm, as well as other financial assistance that you may have received (private donations, FEMA, Red Cross, etc.) and be prepared to provide proof of that coverage. Attach a separate piece of paper stapled to this application if more space is required and please have that information TYPED.

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**Affirmation**

I, the undersigned applicant, do hereby solemnly swear that the information provided within this application is true and accurate to the best of my ability. I further understand that additional proof may be required – if requested – to show any type of coverage that was on the home and personal property.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notary Public (Signature and Seal)

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Be sure and get the form notarized before returning to this office. You must mail the **original** application to our office. **No faxes will be accepted.** If you have any questions, you may call our office at 601-353-2741.