

# MISSISSIPPI ASSOCIATION OF SUPERVISORS

793 N. President Street, Jackson, Mississippi 39202

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



## 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)

\_\_\_\_\_

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.