



**APPLICATION REQUEST FOR DISASTER FUNDS – \$500 MAXIMUM GRANT PER FAMILY/HOME**

**TENNESSEE MANUFACTURED HOME ASSISTANCE**

**REF: MARCH 3, 2020 TENNESSEE TORNADO/STORM EVENT – FEMA DR-4476**

**(MAXIMUM FUNDS DISTRIBUTED BY TMHF FOR THIS DISASTER EVENT WILL NOT EXCEED \$20,000)**

**Applications for assistance will not be granted once the total distribution amount has been exhausted.**

**A. GENERAL INFORMATION:**

1. <u>Grantee:</u> TN Manufactured Housing Foundation 501(c)3 Registered Charitable Entity	2. <u>Contact Person:</u> Marla Y. McAfee 615/256-4733; Marla@tmha.org	3. <u>Alternate Contact:</u> Rhonda Sevier 615/256-4733; Office@tmha.org
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**B. REQUESTING MANUFACTURED HOME LICENSED RETAILER**

1. Retailer Name:								
2. Retailer Information:								
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Contact Name</td> <td>Contact Phone #</td> </tr> <tr> <td colspan="2">Street</td> </tr> <tr> <td>City</td> <td>Zip Code</td> </tr> <tr> <td></td> <td>County</td> </tr> </table>	Contact Name	Contact Phone #	Street		City	Zip Code		County
Contact Name	Contact Phone #							
Street								
City	Zip Code							
	County							
3. Retailer Due Diligence (REQUIRED, per IRS rules and regulations, as stipulated by the TMHF Charter and Bylaws). <b>(Please check all boxes as indicated. All must apply to customer, for assistance to be granted.)</b>								
<input type="checkbox"/> Beneficiary was living in the manufactured home as their primary residence, prior to the identified disaster. <input type="checkbox"/> Beneficiary owned the manufactured home, now deemed unlivable or destroyed. <input type="checkbox"/> Beneficiary lived in the manufactured home for at least one year, prior to the identified disaster. <input type="checkbox"/> Beneficiary has executed a signed purchase agreement for a replacement manufactured home. <input type="checkbox"/> Beneficiary has been approved for a home loan or has provided funds for a replacement manufactured home.								

**C. PROGRAM BENEFICIARY (CUSTOMER) INFORMATION:**

1. Beneficiary Name:								
2. Property Address:								
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Contact Name</td> <td>Contact Phone #</td> </tr> <tr> <td colspan="2">Street</td> </tr> <tr> <td>City</td> <td>Zip Code</td> </tr> <tr> <td></td> <td>County</td> </tr> </table>	Contact Name	Contact Phone #	Street		City	Zip Code		County
Contact Name	Contact Phone #							
Street								
City	Zip Code							
	County							

**D. FOR TMHF USE ONLY [CERTIFICATION OF FUNDS DISBURSED:]**

Initial Review:	Date:	Final Review:	Date:
<p>TMHF has accepted the Retailer's Due Diligence application for customer assistance and has approved a gift distribution in the amount of \$500, to the participating retailer, on behalf of the named beneficiary. This is a gift, and there is no obligation, expressed or implied, to repay this sum at any time. <b>Funds will be available at the time of closing.</b></p>			
Date Approved:	Signature: _____ Marla Y. McAfee, Executive Director, TMHF		