MISSISSIPPI ANIMAL DISASTER RELIEF FUND

LEAVE BLANK-for MVMA use only	
Date received:	
Amount and Date awarded:	$
New Applicant:	☐ Yes ☐ No

DISASTER RELIEF APPLICATION FORM

Directions: Fill out the application as completely as possible. Please refer to MADRF Guidelines for eligibility, application and disbursement details.

1. DISASTER EVENT (NAME OR TYPE, AND DATE)

2. APPLICANT INFORMATION

2a. This application is submitted on behalf of a:

☐ Private individual ☐ Veterinarian ☐ Business ☐ Other : _____

2b. NAME (Last, first, middle)

2c. Permanent residence information *(Street, city, state, zip code)*	2d. Alternate/business address to send check *(Name, street, city, state, zip code)*

2e. Residency status:
☐ I am currently able to stay in my home
☐ I am currently staying with friends/relatives
☐ I am currently staying in temporary housing (shelter, hotel, etc.)
☐ Other : _____

2f. Telephone:		2g. Telephone (alternate):	
Cell phone:		Cell phone:	
Email:			

3a. **AMOUNT REQUESTED $**	3b. **AMOUNT NEEDED $**

3c. Name as it should appear on the check

4. **APPLICANT ASSURANCE**

By signing below, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. I agree to accept responsibility for providing any personal reports or updates if a grant is awarded as a result of this application. I also certify that payment has not been received or requested from any other source for services or goods listed for reimbursement, including insurance claims.

Signature of Person Named in 2b. ("Per" signature not acceptable)	Application Date

You will be notified of your award by the Mississippi Animal Disaster Relief Committee no longer than 30 days of receipt of the application by the committee. You may contact the Mississippi Veterinary Medical Association with any questions at 662-323-5057 or msvetmed@gmail.com.

Provide a short narrative explaining your personal situation in the space below. Include information related to your residence, employment, and insurance situation as applicable. Type or write legibly so the reviewers can fully appreciate your situation.

Attach receipts, photographs, and/or other documentation to support your request. Additional pages are acceptable. Please note that information provided is subject to confirmation by the MADRF committee.

Please remit application to:
MS Animal Disaster Relief Fund
c/o The MS Veterinary Medical Association
PO Box 395 Clinton, MS 39060
e-mail: msvetmed@gmail.com

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