

# MISSISSIPPI ASSOCIATION OF SUPERVISORS

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

ASSOCIATION OF SUPERVISORS

MISSISSIPPI



## MISSISSIPPI ASSOCIATION OF SUPERVISORS DISASTER RELIEF FUND APPLICATION

Mail **original signed and notarized** application to:

MAS Disaster Relief Fund

Attn: Mavis Seaberry

793 North President Street

Jackson, MS 39202

PLEASE PRINT OR TYPE:

Name: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

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: \_\_\_\_\_

Verification of Damage must be signed by a County Supervisor or Chancery Clerk:

\_\_\_\_\_

Actual out-of-pocket costs (please provide proof of payment such as cancelled check, credit card statement, paid receipts): \$ \_\_\_\_\_

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 property before (if available) and after to substantiate damage must be included with 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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**Please notarize this form before final submission.** You must mail the **original application** to our office and email Mavis Seaberry at [Mseaberry@massup.org](mailto:Mseaberry@massup.org) to confirm that your form has been mailed to **793 North President Street, Jackson, MS 39202. No faxes will be accepted.** If you have any questions, you may call Mavis Seaberry at 601-353-2741 or email her at [Mseaberry@massup.org](mailto:Mseaberry@massup.org)