

<b>MISSISSIPPI ANIMAL DISASTER RELIEF FUND</b> 	<b>LEAVE BLANK-for MVMA use only</b>	
	<b>Date received:</b>	
	<b>Amount and Date awarded:</b>	<b>\$</b>
	<b>New Applicant:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**DISASTER RELIEF APPLICATION FORM**

**Directions: Fill out the application as completely as possible. The front and back of the form must be filled out to receive consideration by the MADRF committee.**

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

**2. TODAY'S DATE**

**3. APPLICANT INFORMATION**

3a. This application is submitted on behalf of a:  
 Private individual    Veterinarian    Business    Other : \_\_\_\_\_

3b. NAME (Last, first, middle)

3c. Permanent residence information <i>(Street, city, state, zip code)</i>	3d. Alternate address where to send check <i>(Name, street, city, state, zip code)</i>
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3e. Name as it should appear on the check

3f. Telephone:	3g. Telephone (alternate):
FAX number:	FAX number:
Cell phone:	Cell phone:
Email:	Email:

4a. <b>AMOUNT REQUESTED \$</b>	4b. <b>AMOUNT NEEDED \$</b>
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**5. EMPLOYMENT SITUATION PRIOR TO THE DISASTER**  
 Full-time    Part-time    Temporary    Unemployed

**6. 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 if a grant is awarded as a result of this application. I also certify that payment has not been received from any other source for services or goods listed for reimbursement.

Signature of Person Named in 3a. ("Per" signature not acceptable)	Date
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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 662-324-9380 or [msvma@futuresouth.com](mailto:msvma@futuresouth.com).

**Please 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 AND/OR OTHER DOCUMENTATION TO SUPPORT YOUR REQUEST. INFORMATION PROVIDED IS SUBJECT TO CONFIRMATION.**

*Please remit to:  
MS Animal Disaster Relief Fund  
c/o The MS Veterinary Medical Association  
209 S. Lafayette Street, Starkville, MS 39759  
662-324-9380*

**LEAVE BLANK – for MADRF committee use only**