REALTORS® COMMUNITY CRISIS RESPONSE FUND - GRANT APPLICATION

The Crisis Fund is intended to provide financial assistance to individuals, families, or non-profit agencies for: 1) Disaster response and relief assistance related to housing; and/or 2) Disability-adaption projects that create refurbished housing in response to an identified need within the community.

Definition of a financial hardship: When a person is willing, but unable to meet his/her debt obligations due to unexpected events or unforeseen challenges that impact cash flow.

Name of Applicant(s): _____

Mailing Address: _____

Email Address: _____ Phone Number: _____

Name of Referring REALTOR® (required field): _____

Amount Requested: $_____ # of People Benefitting from Grant: _____

This grant request is in regard to (please check one):

☐ Disaster response and relief assistance related to housing.

☐ A disability-adaption project to create refurbished housing.

Total Cost of Project: $_____ How Much Do You Plan to Contribute? $_____

Please describe how this grant will be used:

Please explain how this situation has caused a financial hardship for you. Include any information you feel would be relevant related to your household income and/or debt:

What are your three (3) most pressing and immediate needs?

1._____

2._____

3._____

If a grant is approved, how would you prefer to receive the funding (gift cards, check to landlord or mortgage company, check to contractor, etc.)?

_____

If a grant is provided in the form of gift cards, what type of gift cards would you prefer (Visa, MasterCard, Store, Restaurant, etc.)?

_____

Do you have insurance? ☐ Yes ☐ No

- If yes, what type of insurance is applicable to this situation (check all that apply)?
  ☐ Home ☐ Renters ☐ Auto ☐ Medical
- What is your deductible? $_____
- Have you submitted a claim? ☐ Yes ☐ No
- Please attach a copy of the insurance declaration page that might be applicable to this situation.

Have you applied for funding through any other organization? If yes, please provide the amount of funding requested and the result of that request:
☐ Yes If yes: _____ ☐ No

Have you previously received a grant from the REALTORS® Community Crisis Response Fund? ☐ Yes ☐ No

Do you agree that the funds requested may only be used for the purposes stated and that any funds not used in this manner will be returned to the REALTORS Community Crisis Response Fund? ☐ Yes ☐ No

Do you agree to provide any information required regarding this grant to the REALTORS Community Crisis Response Fund upon request, including the provision of receipts or other proof of how the funds were used?
☐ Yes ☐ No

Do you agree that the REALTORS Community Crisis Response Fund may direct an audit or inspection of the books, accounts, or data systems in which the funds have been deposited?
☐ Yes ☐ No

Do you agree to pay for the cost of any such audit or inspection, which may be conducted by a Certified Accountant in public practice or an employee of the REALTORS Community Crisis Response Fund?
☐ Yes ☐ No

If you receive a grant from the Crisis Fund, would you be willing to provide a testimonial to help raise awareness of the Fund? If yes, please indicate the type of testimonial you would feel most comfortable providing:
☐ Video (with assistance from the Task Force)
☐ Audio (with assistance from the Task Force)
☐ Written (a summary, in your own words, of what the grant means to you).
Your response to this question will not have an impact on the Task Force's consideration of your request.

I hereby, for myself and for all members of my immediate family (including any minor children), authorize REALTORS Community Crisis Response Fund (the "Fund") and consent to (1) its taking of photographs or otherwise recording our likenesses and voices on video, audio, photographic, digital, electronic or any other medium, (2) its use and disclosure of our names and identities in connection with those recordings, and (3) its use, reproduction, exhibiting or distributing of those recordings for promotion, fundraising, or any other purpose related to the Fund's tax-exempt purposes. I hereby further, for myself and for all members of my immediate family (including any minor children), waive, release, and forever discharge the Fund and its directors, officers, employees, agents and representatives, from any and all claims or liabilities arising from or related to the taking of any of the actions authorized in the immediately preceding sentence.
☐ I agree. ☐ I do not agree.

Signature & Date:_____

Signature & Date:_____

While we realize that the information below may not be readily available or applicable, we would respectfully request that you provide what you are able:

- Photos of the Damage
- Copy of Incident Report
- Copy of Mortgage Statement or Lease Agreement
- Copy of Applicable Insurance Declaration Page
- Letters of Recommendation from any Interested Parties (optional)