



REALTOR® Association of Greater Fort Lauderdale Charitable Foundation, Inc.

Application for Assistance

APPLICANT INFORMATION:

Full Name: _____

Current Age: _____

Home Address: _____

Telephone: _____

FAMILY INFORMATION:

Names of Spouse/Partner and Living Family Members:

1) _____ Relationship: _____ Age: _____

2) _____ Relationship: _____ Age: _____

3) _____ Relationship: _____ Age: _____

4) _____ Relationship: _____ Age: _____

PRESENT LIVING ARRANGEMENTS:

FINANCIAL ASSISTANCE WHICH HAS BEEN SOUGHT AND/OR OBTAINED:

1) Organization/Person: _____

Contact/Relationship: _____

Response/Amount: _____



2) Organization/Person: _____

Contact/Relationship: _____

Response/Amount: _____

3) Organization/Person: _____

Contact/Relationship: _____

Response/Amount: _____

PERSONAL FINANCIAL INFORMATION:

1) Do you currently have a job with monthly income? Yes No

2) Do you currently own your own home? Yes No Equity Amount \$ _____

3) Do you have any other resources available? Yes No
(cash in bank, securities, trust fund, etc.)

If Yes, please explain: _____

4) Are you currently receiving any type of monthly entitlement(s)? Yes No

If Yes, please explain: _____

5) Income from all sources (List source and amount – a separate sheet can be used)

APPLICANT'S EXPENSES:

1) Rent \$ _____ Mortgage \$ _____

Paid to: _____

2) Electric/Utility/Amount \$ _____

3) Phone/Internet/Cable
Phone \$ _____ Internet \$ _____ Cable \$ _____

Fax completed form to:
Charitable Foundation/K. McEvoy
954-567-5002
Rev.11/01/13



4) Insurances/Amount

Car: \$ _____ Life: \$ _____

5) Auto (Model/year and amount of payment) _____ Payment \$ _____

6) OTHER (Homeowners/Maintenance/loans)

Type: _____ Amount: \$ _____

Type _____ Amount \$ _____

APPLICANT'S RECENT EMPLOYMENT RECORD:

Currently employed _____ Yes _____ No Employer _____

How long employed _____ Salary/Income \$ _____

Prior Employment

	<u>Company</u>	<u>Position</u>	<u>Years</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

APPLICANT'S SPOUSE RECENT EMPLOYMENT RECORD:

Currently employed _____ Yes _____ No Employer _____

How long employed _____ Salary/Income \$ _____

Prior Employment

	<u>Company</u>	<u>Position</u>	<u>Years</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

INDUSTRY/COMMUNITY INVOLVEMENT:

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1) Have you ever been a member of the Realtor Association of Greater Fort Lauderdale or any other Realtor Association? Yes No

If Yes, please explain: _____

2) Have you ever participated in Realtor® association activities (served on committees, donated time to events, etc.) ? Yes No

If Yes, please explain: _____

3) Other Community Involvement:

WHAT IS THE EXACT ASSISTANCE REQUESTED (Please be specific) _____

MONETARY AMOUNT OF FINANCIAL ASSISTANCE REQUESTED \$ _____

DETAILED REASON WHY ASSISTANCE IS NEEDED: (Attach separate sheet if necessary)

INFORMATION ON PERSON FILLING OUT THIS APPLICATION:

(If not the person applying for assistance):

Name: _____

Address: _____

Phone Number: _____ Relationship to Applicant: _____

The undersigned authorizes members of the Foundation to verify the information provided in this application for assistance.

SIGNATURE OF APPLICANT:

(Name)

(Date)

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